DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS FOR FISCAL YEAR 2004

WEDNESDAY, MARCH 19, 2003

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 9:01 a.m., in room SD–124, Dirksen Senate Office Building, Hon. Arlen Specter (chairman) presiding.

Present: Senator Specter, Craig, Gregg, Harkin, Landrieu, and Kohl.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE SECRETARY

STATEMENT OF TOMMY G. THOMPSON, SECRETARY OF HEALTH AND HUMAN SERVICES

OPENING STATEMENT OF SENATOR ARLEN SPECTER

Senator SPECTER. Good morning, ladies and gentlemen. The hearing of the Appropriations Subcommittee of Labor, Health, Human Services, and Education will now proceed.

Our witness today will be the Secretary of HHS, Secretary Tommy Thompson, the 19th Secretary of the Department which oversees the health and welfare of the Nation.

The administration budget has proposed a discretionary account for the Department of Health and Human Services of some $60.7 billion which constitutes an increase of $514 million over the fiscal year 2003 level, which, as obvious, does not even account for an inflationary increase.

This Department has some of the most important funding in our Nation, spanning medical research and Head Start and the low-income health and energy costs, known as LIHEAP, and a broad range of very, very important programs. It is, as usual, a very difficult matter in allocating the resources which this subcommittee has for three Departments, the Department of Education, the Department of Labor, in addition to this Department.

There is special concern about a number of lines. The Centers for Disease Control, which is being asked to take on additional responsibilities, as we speak, with this outbreak in China. The National Institutes of Health, which have had extraordinary results, have been limited in this year's suggested funding by the administration

to a $673 million increase, which is a sharp decrease from the $3.5 billion increase which the administration requested last year, which really was a commentary on the phenomenal results which NIH had. But we will be wrestling with these issues.

We appreciate the appearance of the Secretary today. To give the maximum time for the Secretary's comments, we will begin at this point.

Secretary Thompson began his public service back in 1966 as a representative in the Wisconsin State Assembly. He served as Governor of Wisconsin from 1987 to 2000, the longest-serving Governor in Wisconsin history, well known for his innovative activities in the welfare system and expanding health care access to low-income children and families. He was chairman of the National Governor's Association, the Education Commissioner of the States and Midwestern Governors Conference. Both of his degrees, bachelor and J.D., come from the University of Wisconsin at Madison.

Thank you for joining us, Mr. Secretary, and we look forward to your testimony.

SUMMARY STATEMENT OF HON. TOMMY G. THOMPSON

Secretary THOMPSON. Thank you so very much, Mr. Chairman. I want to thank you at the outset for your passion, for your leadership on so many issues that are very important to the future of the health care and well-being of Americans, and I thank you for that leadership.

I am sorry Mr. Harkin is not here, but I also want to extend my appreciation to him as well.

Thank you so very much, Senator Specter, for inviting me to testify today.

In my first 2 years at the Department, we have made, I believe, tremendous progress in our efforts to improve the health, the safety, and the well-being of the American people. We continue to make extraordinary progress in providing health care to lower-income Americans through waiver and State plan amendments granted to States. We have been able to expand access to health coverage for more than 2.2 million individuals and have expanded the range of benefits offered to an additional 6.7 million other Americans.

To build on this progress, the President proposed outlays for HHS of $539 billion. $539 billion represents an increase of $36.8 million, or 7 percent over last year's request, an increase of more than $109 billion, or 25 percent, since 2001.

The discretionary part of the budget increases $1.64 billion, or 2.6 percent, to $65 billion of budget authority. This would be $606 million, or 1.5 percent, higher than what was enacted by the Congress in the fiscal year 2003 appropriation bill.

$539 billion is a large number, and I have a solemn responsibility as Secretary to make sure that every one of those dollars is put to good use. I owe it to the people who pay the taxes, and I owe it to the people who consume the services.

One way to ensure that these dollars are effective is to work with you, Senator Specter, and Senator Harkin and other committee members and other committees to improve and strengthen our two largest health programs, Medicare and Medicaid. I discuss these programs in my written testimony.

We are also making progress in keeping health care costs down and preventing chronic diseases by encouraging Americans to lead healthier lives. We have all heard the disturbing news about the prevalence of diabetes, obesity, and asthma that could be prevented through simple lifestyle changes. Diabetes alone costs the Nation nearly $132 billion each year in direct medical and indirect economic costs. Yet, modest lifestyle changes, such as getting more exercise and losing weight, can reduce the risk of this and other diseases dramatically.

The HHS budget, consistent with the President's HealthierUS effort, proposes a coordinated Department-wide effort, Steps to a HealthierUS, to promote healthier lifestyles, emphasizing prevention of obesity, diabetes, asthma, heart disease, stroke, and cancer. The fiscal year 2004 budget includes an investment of $125 million for targeted disease prevention.

In order to improve patient safety, which I know, Senator Specter, you have been an advocate and leader on, the Food and Drug Administration is proposing two new rules to prevent errors with medication.

The first of these proposals will require bar-coding on almost all pharmaceuticals and blood products. This rule would help reduce the number of medication errors by allowing health care professionals to use bar-code scanning equipment to verify that the right drug in the right dose is given to the right patient at the right time.

We also support the creation of patient safety organizations in order to collect data that can improve procedures and prevent errors.

And thanks to your strong support, Mr. Chairman, we recently completed a doubling of the budget of the National Institutes of Health. This year we continue that commitment with a budget of $27.7 billion, a net increase of $549 million over last year.

But as a result of one-time projects that were funded in fiscal year 2003 and not needing to be refinanced, actual NIH research investment will rise by $1.9 billion, or 7.5 percent.

I would like to focus the remainder of my remarks this morning on a topic that is probably on everyone's mind this week, and that is bioterrorism. I would like to offer to you, Mr. Chairman, and members of the committee, an opportunity to come over to the Department at your choosing to see our new bioterrorism communications center. It is state of the art, and it is one that you would appreciate if you would come over and have an opportunity to see.

The attacks on September 11 made it clear that the threat of terror is more grave and more imminent than at any time in modern history. Anthrax attacks make it clear that the threat of terrorism includes weapons of unprecedented power and ingenuity, and the proliferation of weapons of mass destruction in the hands of outlaw regimes makes it even more urgent that we prepare for a growing variety of threats.

We have already done a great deal, and the United States today is better prepared than ever to meet and be able to respond to the threat of a terrorist attack with a biological, chemical, radiological, or nuclear agent.

The National Stockpile of Medical Countermeasures is large and getting more extensive all the time. But that stockpile may not be enough. Unfortunately, the medical treatment available for many pathogens have improved very little in decades. The smallpox vaccines available today hardly differ from those of the 1960s. Some treatments for radiation and chemical exposure have not changed much since the 1970s, and some diseases, such as ebola, have never had an effective medical countermeasure. These diseases lack effective or modern treatment in part because they are so rare.

By contrast, the treatment of the vast majority of common, naturally occurring illnesses have been able to be improved dramatically as a result of ongoing innovations from biomedical research and development. Heart attacks were often fatal in the 1970s, but they are much less so today. And better detection and therapeutic options have significantly improved survival rates for many kinds of cancer over the last 20 years.

We must bring that sort of progress to the rare, yet deadly threats which are posed by bioterrorists, and that is why President Bush, with the help of my Department, has been able to announce Project Bioshield. He would spend roughly $6 billion over 10 years on new countermeasures to prepare America for a bioterrorist attack. This proposal would speed up research and approval of vaccines and treatments and ensure a guaranteed funding source for their purchase, just the latest in our forward-looking efforts to protect the homeland.

Our Department is doing well at getting bioterrorism money out to State governments in many cases faster than they are able to spend it.

So as we speak, Mr. Chairman, researchers are working to identify the cause of the recent cases of what has been called severe acute respiratory syndrome. While we have no reason to think that this syndrome is related to influenza, the appearance of similar symptoms in scattered locations reminds us that this is the way an influenza pandemic might start.

The President's budget foresaw and prepared for an influenza outbreak. It proposes to spend $100 million to ensure the Nation has an adequate supply of influenza vaccine in the event of a pandemic. And due to the constant changes in the circulating influenza strains, we cannot stockpile influenza vaccine, and the current manufacturing methods could not meet the Nation's needs in the event of a pandemic. Funds will be used for activities to ensure a year-around influenza vaccine production capacity and development and implementation of rapidly expandable production technologies. We will work closely with industry to accomplish these goals.

The President has made improving our Nation's health and health care one of his biggest priorities for this year. By working together, we can make it one of our proudest achievements.

I look forward to working with you, Mr. Chairman, Senator Harkin, as well as Senator Craig, and all members of this committee, and I know our discussion this morning will certainly proceed and allow those things to be initiated.

PREPARED STATEMENT

I thank you, Mr. Chairman, and I would also, once again, invite you and other members of the committee to come over to the Department and see our very modern, state-of-the-art communications system that will allow us to better respond to any bioterrorist attack that may take place in this country. Thank you again for giving me this opportunity to appear in front of you, Senator.

[The statement follows:]

PREPARED STATEMENT OF TOMMY G. THOMPSON

Good morning Mr. Chairman, Senator Harkin and members of the committee. I am honored to be here today to present to you the President's fiscal year 2004 budget for the Department of Health and Human Services (HHS). I am certain you will find that, viewed in its entirety, our budget will help improve the health and safety of our Nation. Before I discuss the fiscal year 2004 budget, I would like to thank the committee for its hard work and dedication to the programs at HHS.

Our fiscal year 2004 request totals $539 billion in outlays, approximately 7.3 percent over the fiscal year 2003 budget. The discretionary budget authority portion of the HHS budget, before this committee, totals $60.7 billion, which is an increase of approximately $1.5 billion, or 2.6 percent over the fiscal year 2003 President's Budget and an increase of approximately $514 million, or 0.9 percent over the fiscal year 2003 enacted appropriation. Mandatory outlays for HHS total $475.9 billion in this budget proposal, an increase in excess of 7 percent.

The budget proposed by the President for HHS will enable the Department to continue its important work with our partners at the State and local levels and the newly created Department of Homeland Security. Working together, we will hold fast to our commitment to protecting our Nation and ensuring the health and well-being of all Americans. Many of our programs at HHS provide necessary services that contribute to fighting the war on terrorism and provide us with a more secure future. And, I am particularly focused on preparedness at the State and local level, HHS's ability to respond rapidly to a bioterrorist attack, research on and development of vaccines and other therapies to counter potential bioterrorist attacks, and ensuring the safety of our food supply.

The President's fiscal year 2004 budget request also continues to support the needs of the American people by strengthening and improving Medicare and Medicaid; enhancing Temporary Assistance for Needy Families (TANF) and Foster Care; strengthening the Child Support Enforcement Program; and furthering the reach of the President's New Freedom Initiative.

The support of your committee is vital to achieving many of the Administration's most important priorities. I am grateful for the close partnership we have enjoyed in the past, and I look forward to working with you again on an aggressive appropriations agenda to advance the health and well being of millions of Americans. Today, I would like to highlight for you the key issues in the President's budget.

SUPPORTING THE PRESIDENT'S DISEASE PREVENTION INITIATIVE

One of the most important issues on which we can work together is chronic disease prevention. We all have heard the disturbing news about the prevalence of diabetes, obesity, and asthma that could be prevented through simple lifestyle changes. The statistics, I am sure, are as alarming to you as they are to me. For example, the incidence of diabetes and obesity among Americans is up sharply in the past decade, putting millions more Americans at higher risk for heart disease, stroke and other related medical conditions.

Diabetes alone costs the Nation nearly $132 billion each year in direct medical costs and in indirect economic costs, including disability, missed work, and premature death. Medical studies have shown that modest lifestyle changes—such as getting more exercise and losing weight—can reduce an individual's risks for developing this serious health conditions.

The HHS budget, consistent with the President's HealthierUS effort, proposes a coordinated, Department-wide endeavor—Steps to a HealthierUS—to promote healthier lifestyles emphasizing prevention of obesity, diabetes, asthma, heart disease, stroke, and cancer. The fiscal year 2004 budget includes an investment of $125 million for targeted disease prevention.

IMPROVING THE NATION'S HEALTH

Of all the issues confronting this Department, none has a more direct impact on the well being of our citizens than the health of our Nation. Our budget makes a concerted effort to improve the health of the American people by taking significant steps that include: reducing prescription drug-related medical costs, financing vaccines, investing in hospital information technology, and continuing the effort to increase and expand the number of Health Centers.

The budget includes initiatives that will carry out the Best Pharmaceuticals for Children Act (BPCA) and alleviate drug-related medical costs. My budget request for NIH includes an additional $25 million, for a total of up to $50 million, to improve information available for prescribing pharmaceuticals to children. NIH is focusing its efforts on drugs that are no longer under patent. The request for the Food and Drug Administration (FDA) includes $12.3 million to increase Americans' access to safe, effective, and less expensive generic drugs and a $1 million increase to expand the range of drugs available over-the-counter.

The HHS budget includes a series of improvements in the financing of childhood vaccines to meet three goals—(1) improve vaccine access for currently eligible children, (2) restore tetanus and diphtheria booster vaccines (Td, DT) to the Vaccines for Children (VFC) program, and (3) build a national stockpile of childhood vaccines. Legislation will be proposed to improve access to VFC vaccines for children already entitles to them. The budget proposes to expand the number of access points for underinsured children—those whose private insurance does not cover the immunizations—by allowing them to receive their VFC vaccines at State and local public health clinics. To help protect against future shortages, HHS will, starting in fiscal year 2003, develop a stockpiling strategic plan and begin building a vendor-managed, 6-month supply of all childhood vaccines to be completed by 2006. The budget includes $707 million in fiscal year 2003 to 2006 for the stockpile. Under current-law we can stockpile these vaccines. I also propose to restore the tetanus and diphtheria booster shots to the VFC program by removing outdated price caps that are so low for some vaccines that vendors will not bid on VFC contracts.

The budget also contains $100 million to ensure the nation has an adequate supply of influenza vaccine in the event of a pandemic. Due to the constant changes in the circulating influenza strains, we cannot stockpile influenza vaccine, and the current manufacturing methods could not meet the Nation's needs in the event of a pandemic. Funds will be used for activities to ensure a year-round influenza vaccine production capacity and the development and implementation of rapidly expandable production technologies. We will work closely with industry to accomplish these goals.

Senator Specter, you were instrumental in ensuring that patient safety is a primary focus of AHRQ's research portfolio. In fiscal year 2001, we made awards to 94 grantees in five areas to begin the first of three years of research to improve patient safety across healthcare settings. Nearly half of these demonstration projects are focusing on the use of computers and information technology to prevent medical errors and to improve reporting of medical errors data Through these projects, grantees are piloting potential error-reducing technologies like personal digital assistants (PDAs) for electronic prescription writing, as well as Computerized Physician Order Entry (CPOE), a technology that helps to ensure that patients receive the right medication, at the right dose, at the right time. As a result of these projects, AHRQ's first step in improving patient safety has been to demonstrate the efficacy of certain interventions in reducing medical errors.

Our next step must be to take what we have learned and disseminate it to healthcare providers and networks. We are putting $50 million into a new program at AHRQ that will improve patient safety by increasing investments in hospital information technology. We are also making a commitment to help implement these technologies in health systems that otherwise may not be able to make the capital investment. A focus on small community and rural hospitals will help to bridge the so-called "digital divide" by helping these hospitals catch up with those that are further along.

AHRQ's budget proposal also includes $24 million for ongoing activities such as the work of the Patient Safety Task Force and the Patient Safety Data Reporting System integration efforts, as well as plans to initiate challenge grants and a patient safety improvement corps; a $10 million increase for the expansion and enhancement of information collected in the U.S. Census Bureau's Current Population Survey; and a $2 million increase to improve the usability and timeliness of Medical Expenditure Panel Surveys (MEPS) data and help sustain prior year enhancements to the sample size and content of surveys that collect information from medical providers, insurers, and households.

We must do everything within our abilities to address the disparities in health care in this Nation. The fiscal year 2004 budget proposes numerous activities to address and alleviate health inequities. Programs that cut across various HHS agencies strive toward bettering the health of our Nation.

The fiscal year 2004 budget continues the third year of the President's multi-year initiative to expand access to care for millions of Americans especially those who are uninsured. The budget includes $1.6 billion, a $122 million increase, to provide primary and preventive health care services to nearly 14 million individuals. Almost 40 percent of the patients treated at health centers have no insurance coverage and many others have inadequate coverage. These health centers are located in our most underserved communities. Over half are in rural America. In support of the Health Center Initiative, the President is also seeking to expand the National Health Service Corps by adding $42 million to increase the number of health care providers in rural and underserved areas, to a total field strength of 4,300 people; and provide for 2,400 loan repayments and scholarships.

In addition to childhood immunization, the fiscal year 2004 President's budget for the Centers for Disease Control and Prevention (CDC) requests programmatic increases in several areas. I am seeking a $12 million increase for the breast and cervical cancer program, which supports screenings for low-income, underinsured, and uninsured women between the ages of 50–64, and $5 million to expand School Health Programs to reduce health risks such as tobacco use, poor eating habits and obesity. The budget also includes an increase of $10 million for a Public Health Information Network (PHIN) to integrate and expand CDC's existing networks to establish a consistent exchange of information between public health partners.

The Substance Abuse and Mental Health Services Administration's proposed budget is $3.4 billion, a net program level increase of $198 million over fiscal year 2003. As part of the President's Drug Treatment Initiative, the budget includes $200 million in fiscal year 2004, a total of $600 million over three years, to establish a new competitive State substance abuse voucher program. This program will assist 100,000 Americans in the first year in obtaining the critical alcohol and drug treatment services they need but lack access to. This effort complements existing alcohol and drug abuse treatment programs by providing consumer choice and broadening the base of treatment providers to include more faith-based providers. Through this new program individuals seeking drug and alcohol treatment and support services will be assessed and then receive a voucher to pay for appropriate community treatment programs. This program will require accountability by linking payment to providers to demonstrated treatment effectiveness measured by abstinence from alcohol and drug use after treatment.

The fiscal year 2004 request also includes an increase of $31 million for the Substance Abuse Block Grant. The Block Grant will provide drug treatment services to 400,000 persons. In the area of mental health, we propose $107 million, an increase of $9 million, for Children's Mental Health Services to serve a total of 17,000 children and adolescents with serious mental and emotional disorders along with their families. We are also requesting $50 million, an additional $7 million, for Projects for Assistance in Transition from Homelessness to serve a total of 147,000 homeless individuals. These funds link efforts to move homeless individuals off the streets by providing them with mental health services and substance abuse treatment.

FIGHTING HIV/AIDS

HIV/AIDS is one of the most serious challenges facing humanity. No country has been spared. Some have faced widespread devastation. All have citizens whose lives have been destroyed by this horrible disease. Our commitment to ending this pandemic is strong and unwavering. The fiscal year 2004 budget for HHS includes $6.4 billion in discretionary funds within HHS to combat HIV/AIDS. Within this level is $680 million to support a variety of efforts to fight HIV/AIDS in developing nations. For example, our budget includes $150 million to support the Mother-to-Child transmission of HIV/AIDS prevention initiative. This initiative seeks to treat approximately one million women annually in developing countries in order to reduce transmission of HIV to their children by 40 percent. This is an integral part of the President's Emergency Plan for AIDS Relief, which seeks to stem the death toll from AIDS. Currently, demographers project that, absent strong action, life expectancy will fall from 66 to 33 years in Zambia and from 70 to 40 years in Zimbabwe.

The budget also, includes $2 billion for life sustaining care and services for over 530,000 Americans under the Ryan White CARE Act. The Ryan White programs target our resources toward the development of an effective service delivery system by partnering with States, heavily impacted metropolitan areas, faith-based and community-based providers and academic institutions. Our budget includes $739

million to provide drug therapies to approximately 159,000 individuals. These funds will provide Americans living with HIV/AIDS a lifeline to care who might otherwise have to choose between expensive medical treatments and other necessities. These funds will help eliminate those difficult decisions.

MAINTAINING OUR INVESTMENT IN BIOMEDICAL RESEARCH

I commend you, Mr. Chairman, Senator Harkin, and this Subcommittee, for your unwavering commitment to doubling the budget for the National Institutes of Health. After five years of outstanding growth that doubled the NIH budget, the fiscal year 2004 Budget provides a significant investment to ensure that the momentum gained over the last five years is sustained. We have developed a plan that would increase funding for on-going research by about $2 billion, approximately +7 percent. The fiscal year 2004 budget totals $27.9 billion, a net increase of $718 million above the fiscal year 2003 enacted appropriation. Within the NIH Budget, research grows much more rapidly, as a result of redirecting one-time project cost savings into new biomedical research funding. NIH will fund a record number of new and competing research grants. Advances in scientific knowledge have provided the foundation for improvement in public health and have led to enhanced health and quality of life for all Americans. Much of this can be attributed to the ground breaking work carried on by, and funded by, the National Institutes of Health. Some additional highlights of NIH funding include:

—Over $15 billion to fund an expected record number of research project grants (at least 10,500 for competing grants and a total of approximately 39,500 grants);
—An increase of $25 million for a total of $50 million for pediatric drug use studies;
—An increase of $50 million for Type 1 diabetes research ($150 million total in mandatory appropriation); and
—An increase of $25 million for NIH's new strategic biomedical research "roadmap".

FIGHTING BIOTERRORISM

Mr. Chairman, as Americans confront the realities of terrorism and hostilities around us, it is imperative that the Federal Government be prepared to keep our citizens safe and healthy.

HHS's $3.6 billion bioterrorism budget substantially expands ongoing medical research, strengthens State and local preparedness and targets investments to protect our food supply. State and local public health preparedness activities funded by the Centers for Disease Control and Prevention (CDC) and hospital preparedness efforts supported by the Health Resources and Services Administration (HRSA) would receive a total of $1.5 billion. The President's proposal significantly increases ongoing biodefense research at the National Institutes of Health (NIH). The budget includes a total of $1.6 billion for basic research on the biology of microbial agents with bioterrorism potential and applied research on the development of new or improved diagnostics, vaccines, and therapies. We propose increasing support for bioterrorism education for clinicians by $32 million, for a total of $60 million, to provide incentives for 25 medical and health professions curricula reform projects and provide continuing education to 65,000 health care providers on the diagnosis, treatment, and reporting of diseases that can be caused by the intentional release of a biological agent. The bioterrorism budget also includes initiatives to improve food safety: $15.5 million targeted on newly authorized activities, including registration of domestic and foreign food facilities and State grants to improve state food laboratories, monitoring and inspections; and an additional $5 million for improving information exchange with State food laboratories on food pathogens.

HHS, in cooperation with the Department of Homeland Security, will spearhead the development of Project Bioshield. This project, which the President recently announced, will bring together the scientific and fiscal resources of the United States government in an innovative effort to develop medical countermeasures against bioterror before they are ever needed. Project Bioshield will have three (3) major goals:

—To ensure that sufficient resources are available to procure the next-generation countermeasures. A guaranteed funding source must be available to enable the government to purchase vaccines and other therapies as soon as experts believe they can be made and will be safe and effective, and spur industry investment in the development of these vaccines/therapies.
—To Accelerate NIH research and development. This involves providing more flexible contracting process and procurement authorities for critical biodefense work.

—To make promising treatments available more quickly for use in emergencies. This means establishing a new FDA Emergency Use Authorization that would permit greater flexibility and latitude than the current Investigational New Drug (IND) authority in the use of promising medical countermeasures that are under development in emergency situations.

While funding for the next generation countermeasures will be in the new Department of Homeland Security (DHS), HHS will provide the scientific direction, and will be responsible for the actual procurements. Furthermore, HHS will continue to manage the Strategic National Stockpile and provide the scientific and public health direction needed to ensure that the pharmaceutical stockpiles include appropriate amounts of vaccines, other therapeutics and emergency equipment/supplies. New mandatory funding will also be included in DHS which will ensure that adequate resources are available to procure new medical countermeasures once sufficient research has been conducted to demonstrate that the products will be proven safe and effective. A guaranteed funding source must be made available to industry to stimulate interest and investment in the development of these products. This authority would be invoked only if there is no significant commercial market for the products.

HEAD START

Never has there been such a clear commitment on the part of Federal and State governments to enhance the well being of children and families. Never have we known so much about what children need for healthy growth and development. Never have so many programs been focused on meeting these needs of our most vulnerable citizens. There are more resources currently available for low-income children and families than at any other time in our nation's history. The President's budget continues this commitment with a budget of $6.8 billion to provide 923,000 children Head Start services. However, not all the news is good. Children in Head Start enter school further ahead than other economically disadvantaged children. But unfortunately—even after 30 years—Head Start children do not enter school at the same level as more economically advantaged children.

To strengthen the Head Start program, improve services to low-income children, and promote the coordination and integration of comprehensive early care and education services, President Bush is asking Congress to include in the reauthorization of the Head Start Act a provision that will allow interested states to include Head Start in their preschool plans. Under the President's proposal, states are offered the opportunity to coordinate preschool programs with Head Start programs in exchange for meeting certain accountability requirements. States wishing to participate must submit a state plan that addresses several fundamental issues concerning preschool education.

FAITH BASED AND COMMUNITY INITIATIVES

In support of the President's Faith-Based and Community Initiative, the HHS fiscal year 2004 budget supports programs that link faith- and community-based organizations, State and local governments, and Federal partners to provide effective substance abuse treatment and positive youth development.

Another important program that helps some of our most vulnerable children is the Mentoring Children of Prisoners program. We are asking for funds to be increased to a total of $50 million, which would in turn be made available to faith-based, community-based, state and local governments, tribes, and public organizations for programs that provide supportive one-on-one relationships with caring adults to children who are more likely to succumb to substance abuse, gang activity, early childbearing and delinquency. This down payment will help more than 30,000 adolescent children of prisoners receive guidance, have positive role models, and give them a fighting chance to succeed.

The President's budget also proposes $20 million for promotion and support of responsible fatherhood and healthy marriages. This funding will promote and support involved, committed, and responsible fatherhood and encourage the formation and stability of healthy marriages.

In addition, the budget request for the Compassion Capital Fund is $100 million, an increase of $65 million above the fiscal year 2003 appropriation. These funds would continue to be used to provide technical assistance to faith- and community-based organizations to expand and emulate model social programs.

STRENGTHENING AND IMPROVING MEDICARE

Even though Medicare is not under the jurisdiction of this Committee, we are all aware that our Nation's Medicare program needs to be modernized and improved to provide seniors with more choices and better benefits. While we remain stead-

fastly committed to ensuring that America's seniors and individuals with disabilities can keep their current, traditional Medicare, the President is dedicating $400 billion over ten years to provide access to subsidized prescription drug coverage, better private options for those beneficiaries who want them, full coverage for disease prevention, and better protection from high out-of-pocket costs.

Under the President's framework, seniors happy with their coverage under traditional Medicare will be able to keep it, with added protection against high out-of-pocket drug expenses at no additional premium. Seniors who want better coverage will be offered the same types of plan choices available to members of Congress and federal employees. Private plans will be available in each region of the country, including rural areas. Plans will provide full coverage of preventive care, protection against high out-of pocket medical costs, and cost sharing that does not penalize the sick. Comprehensive, subsidized prescription drug coverage will be available to those who want it for an additional premium. Low-income seniors will face no premium for drug coverage and will have only nominal cost-sharing requirements. Seniors who enroll in these plans will maintain the ability to choose any doctor and any hospital.

Seniors willing to accept a more selective provider panel will be able to enroll in the same type of low-cost, high-coverage managed care plans available today. These plans will offer a subsidized, comprehensive drug benefit, as well as all the additional benefits I just described. Plans can also offer extra benefits and broader coverage.

STRENGTHENING AND IMPROVING MEDICAID AND SCHIP

State Health Care Partnership Allotments

Another of our mandatory initiatives that I would like to briefly highlight is our plan to strengthen and improve Medicaid and SCHIP. Building on the successes of the State Children's Health Insurance Program (SCHIP) and the Health Insurance Flexibility and Accountability (HIFA) demonstrations have shown in increasing coverage while providing flexibility and reducing the administrative burden on States, the Administration proposes optional State Health Care Partnership Allotments. Under this proposal, States would have the option of electing to continue the current Medicaid program or to choose partnership allotments. The allotment option provides States an estimated $12.8 billion over seven years in extra funding over the expected growth rate in the current Medicaid and SCHIP budgets. If a State elects the allotments, the federal portion of the SCHIP and Medicaid funding would be combined and states would receive two individual allotments: one for long-term care and one for acute care. States would be required to maintain their current levels of spending on Medicaid and SCHIP, but at a lower rate of increase than the federal allotment.

States electing a partnership allotment would have to continue providing current mandatory services for mandatory populations. For optional populations and optional services, the increased flexibility of these allotments will allow each State to tailor its provision of health benefit packages for its low-income residents. Let me stress that this is an OPTION we are proposing for States.

New Freedom Initiative

Promoting home and community-based care as an alternative to nursing homes for the elderly and disabled is a priority of this Administration. The New Freedom initiative represents part of the Administration's effort to allow Americans with disabilities to be more fully integrated into their communities. Under this initiative, we are committed to promoting the use of at-home and community-based care as an alternative to nursing homes. The Administration will invest $350 million in fiscal year 2004, and $1.75 billion over 5 years on this important initiative to help seniors and disabled Americans live in the setting that best supports their needs.

Transitional Medicaid Assistance (TMA)

TMA provides health coverage for former welfare recipients after they enter the workforce. TMA allows families to remain eligible for Medicaid for up to 12 months after they lose welfare-related Medicaid eligibility due to earnings from work. This budget proposal would authorize the TMA program for five more years, at a cost of $400 million in fiscal year 2004, and $2.4 billion over five years. We are also proposing modifications to TMA provisions to simplify it and make it work better in coordination with private insurance. These modifications cost $20 million in fiscal year 2004 and $290 million over five years.

EMPOWERING AMERICA'S FAMILIES

Reauthorization of Temporary Assistance for Needy Families (TANF) and the Child Care Development Fund

Building on the considerable success of welfare reform in this great Nation, the President's fiscal year 2004 budget follows the framework proposed in the fiscal year 2003 request, which includes the reauthorization of TANF. We applaud passage of H.R. 4 and are committed to working with both the House and the Senate to ensure the legislation moves quickly and is consistent with the President's Budget. The President's proposal includes five years of funding for the TANF Block Grants to States, and Tribes; Matching Grants to Territories; and Tribal Work Programs at current levels. In addition, the Budget proposes to reauthorize state-based abstinence education grants for five years at $50 million annually, to further assist with reducing the number of out-of-wedlock births, reducing the spread of STDs among teens, and helping teens make healthy life choices.

Increasing Support for Children in Foster Care

In a continuing effort to improve the lives of children who are at risk of abuse and neglect, this Administration is proposing a child welfare program option that States can use to improve their child welfare service systems. This plan would allow States to choose a fixed allocation of funds over a five-year period rather than the current entitlement funding for the title IV-E Foster Care program. Participating States would receive their funds in the form of flexible grants which could be used for a wide array of child welfare-related purposes, such as child abuse and neglect prevention, maintenance and administrative payments for foster care, child welfare training, and family support. The flexible funding will allow States to develop innovative ways to ensure the safety, permanency and well-being of children, tailed to meet the needs of their child welfare populations. States which elect this option and experience emergencies affecting their foster care systems may access additional funding from the TANF contingency fund.

The Administration is proposing a nearly $5 billion budget for Foster Care in fiscal year 2004, a $90 million increase over last year's request. Not only will these funds support a child welfare program option, but they also will be used to provide payments for maintenance and administrative costs for more than 240,000 children in foster care each month, as well as payments for training and child welfare data systems. The President's budget also requests $200 million for the Foster Care Independence Program.

Additionally, the Administration continues its commitment to the Promoting Safe and Stable Families Program by requesting to $505 million to assist States in coordinating services related to child abuse prevention and family preservation. This important program also promotes adoption and provides post-adoption support to families.

Child Support Enforcement

The President's fiscal year 2004 budget will build on the considerable success of the Child Support Enforcement program. Legislation will be proposed to enhance and expand the existing automated enforcement infrastructure at the Federal and State level and increase support collected on behalf of children and families. When combined with the opportunities to increase child support outlined in the President's fiscal year 2003 budget (expanded passport denial, offset of certain Social Security benefits, optional pass through of child support to families on TANF, among others) these proposals offer an impressive $7.5 billion in increased child support payments to families over 10 years. The budget also recognizes that healthy families need more than just financial support and increases resources for the Access and Visitation Program to support and facilitate non-custodial parents' access to and visitation of their children.

PRESIDENT'S MANAGEMENT AGENDA

I realize that as we work to improve the heath and well-being of every American citizen, we also need to improve ourselves. I am committed to improving the management of the Department of Health and Human Services. The fiscal year 2004 budget supports the President's Management Agenda and includes cost savings from consolidating administrative functions; organizational delayering to speed decision making processes; competitive sourcing; implementation of effective workforce planning and human capital management strategies; and adoption of other economies and efficiencies in administrative operations. We have also included savings in information technology (IT) which will be realized from ongoing IT consolidation efforts and spending reductions made possible through the streamlining or elimination of

lower priority projects. The IT infrastructure consolidation will further reduce infrastructure expenditures for several HHS agencies and should be fully implemented by October 2003.

IMPROVING THE HEALTH AND SAFETY OF OUR NATION

Mr. Chairman, the budget I bring before you today contains many different elements of a single proposal. What binds these fundamental elements together is the desire to improve the lives of the American people. All of our proposals, from building upon the successes of welfare reform to protecting the nation against bioterrorism; from increasing access to healthcare, to strengthening Medicare; all these proposals are put forward with the simple goal of ensuring a safe and healthy America. I know this is a goal we all share, and with your support, we are committed to achieving it.

Senator SPECTER. Thank you, Mr. Secretary.

Our practice is to have 5-minute rounds, and we will adhere to that. Obviously, there will be a number of rounds for you because of the very many issues which are involved here.

SEVERE ACUTE RESPIRATORY SYNDROME

The most immediate concern, among many immediate concerns—it is hard to put anything ahead of bioterrorism today when the 48-hour period for President Bush's ultimatum will expire in just a few hours. But there is grave concern about the respiratory infection which has triggered a global health alert, and in an era where everybody is worried about plots and plans, some speculation has arisen as to whether this virus might have been planted in China to see what the results would be. And there is some grave concern that this could have enormous implications as an infectious disease.

How serious is it, Mr. Secretary, as a potentially infectious disease that could present an enormous health threat around the world?

Secretary THOMPSON. Senator, we are very concerned about it. It started in Guangdong Province, we think, but we are not sure that there is actually a continuation of that. But basically we think that there is a possibility that is where it started. There were 300 cases there. I have met with the Minister of Health here in Washington from China. At the beginning he was not as cooperative as we would like, but subsequently we have been working very closely with China, with the World Health Organization. In fact, almost on a daily basis I——

Senator SPECTER. Mr. Secretary, what are the details? The reports were that they would not cooperate with us. Is that true?

Secretary THOMPSON. That was true at the beginning, Senator, but that has subsequently changed and we are now going into Guangdong Province, as we speak, with CDC people and WHO people.

Senator SPECTER. What was the cause for their initial reluctance to be cooperative?

Secretary THOMPSON. They were in the process of changing their government. They were also reluctant to have outsiders from the United States come in and assist them at the beginning. They thought they had it controlled and did not think they needed any further help. And those were basically the reasons given to me when I talked to the Deputy Minister of Health when he appeared here in Washington about 12 days ago.

Senator SPECTER. Is there realistically potential for a worldwide epidemic from this respiratory ailment?

Secretary THOMPSON. There is that possibility. We are not certain it is a probability, but it is certainly a possibility. It has showed up now in Hong Kong, Bangkok, Singapore, Sweden, possibly in Germany, definitely in Canada. We are investigating approximately 40 cases in the United States. Forty cases were reported. We are looking at 11 cases, but nothing has been confirmed. Two scientists in Germany have indicated from nasal swabs that there is the possibly of the paramyxo virus, but that has not been confirmed by either WHO laboratories or CDC.

Senator SPECTER. If so, what would that mean?

Secretary THOMPSON. It would mean that it would be a virus that we could identify and would have some way then to control and treat it. But so far, we have not been able, Senator Specter, to make an accurate confirmation from CDC if it is even a virus. We think it is, but we are not sure, and what virus it is has not been confirmed. Therefore, until CDC's laboratories confirm it, we do not make any kind of speculations as to what this particular disease is.

Senator SPECTER. To the extent that you can answer this question—and it may be impossible to answer—what causes something like this?

Secretary THOMPSON. We are not sure, Senator. That is one of the questions that we are still trying to find an answer for.

[The information follows:]

SEVERE ACUTE RESPIRATORY SYNDROME

The cause of Severe Acute Respiratory Syndrome (SARS) is not known at this time. Some researchers have reported finding paramyxovirus-like particles in respiratory specimens from a few cases of SARS. Paramyxovirus is a family of viruses that cause respiratory infections and childhood illnesses including measles, mumps, and croup. The Paramyxovirus family also includes a recently identified virus called metapneumovirus. These are preliminary findings and at this time we cannot say for certain that a paramyxovirus is the cause of SARS. Some of the paramyxoviruses that cause respiratory infections are widespread, especially during the winter season, so it is not unexpected to see them in an upper respiratory specimen. Analysis of laboratory specimens to identify a cause for SARS is ongoing both by CDC researchers and by researchers from other countries.

Information currently available about SARS indicates that people who appear to be most at risk are either health care workers taking care of sick people or family members or household contacts of those who are infected with SARS. That pattern of transmission is what would typically be expected in a contagious respiratory or flu-like illness. However, as the investigation continues, we will continue to consider all possibilities.

Senator SPECTER. Well, it is obviously very difficult to answer that kind of a question, but that is on everybody's mind. Is there any possibly, however remote, that this could be a virus planted as part of biological warfare?

Secretary THOMPSON. It is certainly possible, Senator. We think it is very, very doubtful. We think this is some sort of a virus, but we are not even certain of that.

All I can tell you is that the laboratory scientists and technicians and analysts at CDC are working around the clock. We have just received the specimens from Hong Kong late yesterday afternoon. We needed those specimens. We have got the specimens and the autopsy report in from Canada. We are reviewing all of those

things. The scientists are working extremely hard. I meet either in person or by teleconferences with Dr. Gerberding and the staff at CDC on a daily basis, and we will have a conference at 9:30 a.m. tomorrow for an update as to what the scientists were able to analyze over the evening.

But at this point in time, there is nothing new to report to you, Senator, but I will be more than happy, this afternoon, when I get the update to call you and Senator Harkin so that you can let the other members of the committee know what the results are. We will give you up-to-date information on a daily basis from my office as to what is transpiring, but right now we do not know for sure where it really started. We think probably Guangdong Province, but we are not certain. We are not certain if it is a virus, and as soon as we do find answers to those questions, I will give you a call and let you know directly.

Senator SPECTER. Okay.

During your last answer, my red light went on, so I will not ask another question until the next round.

I would note very briefly that in Pittsburgh recently we see efforts made to get reports from doctors and hospitals to try to see if there is any pattern of an illness which might portend of a biological attack, and at a time when there is such anxiety worldwide, to have this suddenly crop up, it is an avenue which needs to be explored.

Then we are going to come back in the next round, as far as I am concerned, to the CDC, a very important agency undergoing enormous renovations with their laboratory facilities and the budget cuts them at a time when they are an agency of importance second to none. But I will await round two.

OPENING STATEMENT OF SENATOR TOM HARKIN

Now my distinguished colleague, Senator Harkin, Democrat of Iowa.

Senator HARKIN. Thank you very much, Mr. Chairman.

Mr. Secretary, thank you very much for your great leadership at the Department on so many areas.

First, on the budget end, I just want to commend you for your leadership in putting in the systems change grants. We have talked about that in the past. You have taken great leadership on that. This is one where it is going to make a real difference in States in getting people out of institutions and getting them in the community. So thank you very much for that and for including these grants in your budget.

Again, I also want to compliment you on your great emphasis on prevention in the budget and what you are doing on preventative health care. I know you personally spearheaded this new emphasis. I wish we had more dollars in there; I am sure you do too.

But I would just make note that on another committee on which I sit, the Agriculture Committee, this year we are reauthorizing the school lunch, school breakfast WIC program, summer feeding program. I hope there is a good cross-fertilization between your Department and Agriculture on some of these issues. There is a blending here, and we need, I think, to start promoting, as you said in your own budget proposal, healthier lifestyles, cutting down on

childhood obesity, getting kids more exercise programs, getting them learning how to eat right in the beginning. So I guess I am just making a plea for you to help us as much as you can in another Department——

Secretary THOMPSON. I would love to.

Senator HARKIN [continuing]. Because I think this is a merge here and we need your help on these matters as we move ahead.

After all those accolades, I will say I am disappointed in the 2.5 percent increase for NIH. I do not know what we are going to do about that, but that really is not acceptable. We have got to have a bigger increase in NIH than that 2.5 percent increase.

HEAD START

Lastly, again on Head Start, Mr. Secretary, you have been a great leader in Head Start. I know your devotion to the program. I know you have been very supportive of it. For years now, I think for the 18, 19 years I have been on this committee and on the authorizing committee, there have been at various times proposals to take Head Start and move it into Education. People think that this is an education program and we are going to teach kids how to read. Well, that is a part of Head Start.

But as you have pointed out in your own document statement, these kids come from low-income families. They do not have the kind of family support. They do not even have the health support. Their health matters are usually worse. Their living conditions and socialization skills are worse. Head Start is something that reaches into all these areas. So rather than trying to move this to the Department of Education, I think we need to put more emphasis on Early Head Start, the 0 to 3, and getting more into that area.

So I say to you as a great friend and an admirer of yours, Mr. Secretary, please go back and tell your boss and the other people around that there are a number of us here who are not going to let it be transferred to the Department of Education. It ain't gonna happen.

Secretary THOMPSON. I have already said that, Senator.

Senator HARKIN. Okay, well, then tell him you have got backing up here. It is not going to happen. So we are on your side on that, and we will do everything we can to support your budget in that area.

CENTERS FOR DISEASE CONTROL AND PREVENTION INITIATIVE

Lastly, my time is about to run out. I made a statement, but I guess my question would be getting back to CDC, the Centers for Disease Control. You have that new $100 million prevention initiative at CDC. Again, I just hope that we can put a lot of emphasis on that and that we can focus some more attention on building up CDC. We have done NIH. We got it doubled. We need to keep it going. The 2.5 percent is too low.

But, Mr. Secretary, I just need your thoughts on CDC and where we are headed this year in terms of getting them up to speed and getting the kind of budget that they need both for the prevention, which you are aimed at, which is good, but also for the public health aspect that we need in America to build up our public health infrastructure that I think—well, I do not know if you agree

or not—I think really went downhill over the last 40 years, and we need to build it up again. So just your thoughts on that.

Secretary THOMPSON. Thank you so very much. Can I just quickly go through a lot of the points you raise?

Senator HARKIN. Sure.

Secretary THOMPSON. First, on the Freedom Initiative and on the grants initiative, thank you for your leadership. It is the right thing to do to keep people in their own home, and I am fully behind it, enthusiastic, glad we put the extra money in because it is the right thing to do.

In regards to prevention, $152 billion a year spent on tobacco-related illnesses. 400,000 people die. $132 billion a year on diabetes. Seventeen million Americans are diabetic. Sixteen million are prediabetic, and 200,000 people die a year. We have done an exhaustive study in which 60 percent can be prevented if, in fact, we walk 30 minutes a day and lose 10 to 15 pounds.

Senator HARKIN. Can I interrupt you right there, Mr. Secretary?

Secretary THOMPSON. Sure.

Senator HARKIN. A recent study showed that 80 percent of elementary school kids in America do not even get 1 hour of PE a week at the schools—80 percent.

Secretary THOMPSON. It is not the right thing to do. And we have got to get people out—$117 billion on obesity and 300,000 people die. Senator, we have to do it. Ninty-five percent of the money in Medicare goes to waiting for people to get sick and then getting them well, and only 5 percent on preventative health. We need to put more money into it.

NIH, granted it is 2.5 percent. But the actual research dollars will be $1.9 billion, or a 7.5 percent increase because we put more money in fiscal year 2003 into buildings in one-time costs, such as $250 million in anthrax expenditures, plus the extramural capital expenditures. So actually we are going to have a 7.5 percent increase in the research. There will be more research grant dollars than ever before.

On CDC, in regards to preventative health and on State health, you are absolutely correct. We let it go downhill.

But thanks to your leadership and that of Senator Specter and this committee on a bipartisan basis in Congress, we put $1 billion last year in fiscal year 2002 in building up the State health departments. And I want to tell you one of my concerns is the States have only drawn down 19 percent of that money. We got it out there and the States have only drawn down—we got an additional $1,418,000,000 to send out this year, and we are in the process of sending it out. So if you could help me get the State of Iowa to draw more of their money down and use it, it would be very helpful. We need to do it. Plus, we are asking an additional $1.5 billion for fiscal year 2004 to do it. We have the greatest opportunity, Senator, to be able to build up local State health departments the way you envision it, the way I envision it, than we have ever had before. The money is there. The money is out the door and it has been allocated. It just has not been drawn down by the States.

Senator HARKIN. Fascinating. Thank you, Mr. Secretary. We will look into that.

Senator SPECTER. Senator Craig.

OPENING STATEMENT OF SENATOR LARRY CRAIG

Senator CRAIG. Well, Mr. Chairman, thank you very much.
Mr. Secretary, great to have you with us this morning.
Secretary THOMPSON. Thank you, Senator.

COMMUNITY HEALTH CENTERS

Senator CRAIG. I have some comments and you may want to react to them much like Senator Harkin, but let me commend you first for your continued support of community health centers. The budget proposal takes another positive step toward improving the health care in rural America. Most of my State still gets the definition of being rural. And the inclusion of $122 million to provide primary and preventative health services to nearly 14 million individuals is a great advance, I think, for our Nation's health centers.

NATIONAL HEALTH SERVICE CORPS

In addition, your focus on the National Health Service Corps I think would provide much needed scholarship and loan assistance to additional health care providers in underserved and rural areas.

AGING

I have a fun experience and a unique opportunity now, serving as the chairman of the Special Committee on Aging. I have got a great staff. We are doing a lot of exploratory overview of the aging of America, Mr. Secretary. I must tell you that it is, without question, time to modernize and improve Medicare. All of us understand that. The prescription drug item in it is going to be important if we can work out our differences.

CHRONIC ILLNESS

But you have talked about the way health care is delivered. We have got some excellent pilot programs going on at CMS as it relates to managing chronic illnesses. We could literally take all of those who have that situation, pay for their full health care if they would simply adhere to the protocols, and we would save billions and billions of dollars a year in health care costs and certainly in their ability to conduct and live in society.

OBESITY

But the thing that fascinates me most in this process—and, Senator Harkin was talking about the growing epidemic of obesity in this country. We have got 60,000-plus centenarians in our country today. That is 100 years old or older. With current trends, we are going to be over 1 million in 60 years. And if we find the cure for cancer—and we know we are certainly on the threshold of major breakthroughs—that number skyrockets. Thank goodness, a positive sign in the lives of Americans.

At the same time, those people are going to be able to live a great deal better if they exercise and if they have good nutritional advice and understand the value of nutrition. We have held several hearings in that area today. It is dramatic what happens in the senior community as it relates to the cost of health care when they

simply exercise and eat right. The cost goes down dramatically and they live longer and they are much healthier.

While we are not teaching our kids to exercise anymore, we know that most people do exercise better, at least if they are learning to, in groups. In certainly our seniors we are finding that to be the case also. They will tend to exercise if they can exercise together. That is some work we are going to spend a good deal more time with. But it is something that, clearly, as we look at our health care delivery systems, we ought to be a lot more interested in preventative than maintenance. If we can get at that, the costs involved will be dramatic.

I am pleased to see the President's Disease Preventative Initiative and the support that is going on there. But it is obvious to me that we have got to modernize our health care delivery system or that part of it that we are participating in—it is lagging by about 30 years, and it makes good sense to get us active in promoting all of these things.

I think your budget certainly goes in that direction. It is going to be a tight budget year. We all understand that. There is a good deal more we would like to do, but this is probably a year when we will not be able to do all we would want to do. I am quite sure Americans will agree if we are in a time of war and we have certain responsibilities there, there is going to have to be an understanding of allocation.

But I thank you very much, and I am pleased to see the direction we are headed in.

Secretary THOMPSON. Senator Craig, thank you so very much for your comments. I appreciate them tremendously and I can only say that I want to work with you on all of the subjects. Community health centers, absolutely doing an awesome job. They are serving the underinsured and the uninsured and a lot of minorities. We are expanding them thanks to the cooperation on a bipartisan basis. We are very appreciative of that support.

The National Health Service Corps. Very important to get doctors graduated, get them out into underserved areas like your State and my State and the States of the members on this committee. I want to work with you on that. It is something that we need to do more of.

Medicare-strengthening and prescription drug coverage. Absolutely vital this year. You have certainly heard about the trustees' report. Certainly I was very concerned when we met this past Monday. Medicare is going to stop having a surplus in the year 2013, 3 years sooner than it was before. This is going to cause all kinds of problems. It will be absolutely broke by the year 2026, 4 years earlier than it was estimated last year. So it is accelerating, and that means that at the present time, 2 percent of the dollars that go into the budget come from loans from Social Security and Medicare. It will no longer happen after fiscal year 2009. A big concern of the Congress and of mine.

Medicaid needs to be improved and strengthened, and that is what we are trying to do with the new Medicaid proposal.

In regards to the individuals that are living longer, there is no question about that. The demographics show that we must start

addressing that issue—and I do not think we have done a very good job in the past.

Senator CRAIG. I agree.

Secretary THOMPSON. And I thank you so very much for taking the leadership in this area.

We have got to find ways in which we can get some tax credits for people to purchase long-term insurance. We have to get more people involved. We have to figure out a way to get tax credits, I think, for individuals who start leading healthier lifestyles. It is going to be very difficult and complex, but it is something that I think we should do.

I am setting up a summit with the National Institutes of Health and the University of North Carolina Medical School in which we are going to have a summit of health insurance companies, of fast food industries and businesses, as well as individual organizations around the America to talk about preventative health and how we might be able to work together in America to start changing lifestyles. That is why the $125 million is the request in there from my Department, from me personally because I really believe that this is something we have to do.

Unless we start exercising, unless we start eating properly and losing some weight, we are going to continue to cause a tremendous rupture in the health care delivery system because $152 billion a year on tobacco-related illnesses, $132 billion on diabetes, $117 billion on obesity, all of these can be changed dramatically by watching what we eat and exercising. That is why the $125 million is going to be put out there.

We are going to try and declare certain cities "healthy cities" and have them vie for it. They have to show a reduction in asthma and diabetes. They have to show that they are improving their walking trails for families in their communities. I think it is going to be a very well thought and well received program. I have talked to the League of Cities across America. They have been very supportive of it because they can see what it would mean to their city if they are designated as a healthy city.

I think that these are the kinds of things that we can work together on a bipartisan basis and really improve the quality of health, hold down on dollar amounts because we are spending so much on waiting for people to get sick and then trying to get them well when we could spend a lot less and keep people healthier and lead a better quality of life for all Americans.

So I thank you and want to work with you on these particular subjects, and we will, hopefully, be able to start programs that are really going to accomplish these objectives.

Senator CRAIG. Well, Mr. Secretary, thank you for those comments. I find it ironic, as we have worked over the last several decades to take fat out of our diet, that we created an obesity epidemic.

Secretary THOMPSON. We really have.

Senator CRAIG. I think we better revisit our nutritional patterns.

Thank you.

Secretary THOMPSON. Thank you very much. I put the whole Department of Health and Human Services on a diet and I want to tell you that we are doing well.

Senator CRAIG. Good.
Senator SPECTER. Senator Landrieu.

OPENING STATEMENT OF SENATOR MARY L. LANDRIEU

Senator LANDRIEU. Thank you, Mr. Chairman.

Let me just begin by welcoming you, Mr. Secretary, and I look forward to working with you on many of the issues that we have worked well together on in the past and look forward to some more progress in adoption and foster care and Head Start, early childhood education, et cetera.

TAX CUTS

But just a couple of comments. I agree with the Senator from Idaho about the sacrifices that we need to make at this particular time with the war looming and with great challenges on the home front. But I would hope that those sacrifices could be equally shared and not borne disproportionately by the poor children of this country and by the vulnerable elderly. So when sacrifices have to be made, I hope perhaps some tax cuts for certain segments could be postponed or put on hold while we make sure that we are covering the essential services to poor children and their families so that the sacrifices made do not fall disproportionately on just those in uniform and their families and the poor children and the vulnerable seniors. So that is going to be a major debate as we frame the budget that you are able to operate.

Second, with the modest increase that you are given, you have got quite a challenge before you in terms of meeting the challenges that you have just stated in answering many of the questions: medical, Medicare, the obesity issue, substance abuse, the number of children in foster care, the health care system that you could claim in some ways is in a crisis situation because we are not particularly geared right now to handle just the regular medical challenges of this Nation, but the bioterrorism challenges, which of course is homeland defense, but nonetheless important.

FOSTER CARE

But let me, having just opened with that, ask you a couple of questions about your budget. I noticed with great interest your comments, although they were brief in the budget, about an "alternative funding system for foster care." Would you just take a moment to maybe elaborate on some of your ideas regarding more flexibility in the foster care system in that we are spending I think somewhere, including the State portion, about $8 billion trying to—I do not know how you describe what we are trying to do. I guess we are trying to keep families together, but when they cannot be kept together, promote adoption. In the meanwhile, we support the sort of temporary foster care system that in my mind has gotten quite expensive.

I think that there would be ways to actually do a better job servicing our families, saving children, promoting adoption for maybe less money if we could rethink the way this funding stream is put together. So could you just give a brief—and I want to just give a

minute to this if you could about what some of your thoughts might be.

Secretary THOMPSON. I certainly will try, Senator Landrieu.

First off, let me thank you for your leadership in this area because you have definitely been a leader on adoption and foster care, and it is well recognized. And I want to work with you. Senator Clinton and Congressman——

Senator LANDRIEU. DeLay.

Secretary THOMPSON [continuing]. Tom DeLay have contacted me and want to work with me on this, and I would appreciate you also working with me on it.

Right now, as you probably know, the foster care system is somewhat arcane in that you can only use the Federal 4(e) dollars in foster care for children who are defined under the old AFDC formula, which was eliminated in 1996. So you have to go back and compute the children under that formula, which is no longer in existence, and you can only use the Federal dollars for that and then you can only use the Federal dollars after the family has broken up or has caused problems and the child is removed and placed in a temporary foster home.

We think we should be able to spend the money, hopefully, at the preventive stage. I am big on this prevention because I think that is where we need to go as a Government, is to start preventing things before they happen. If we could use some of the Federal dollars in a preventative stage, on a voluntary basis, I think we could cause a lot better outcome. I think the families could stay together. The children could stay in the families instead of being removed and going into the foster care system. That is the thrust of our proposal and that is the alternative funding, is to go into the preventative stage on a voluntary basis. It would not be mandatory. It would be a voluntary thing.

We are hopeful that we are going to be able to get bipartisan support on this. It appears that the Governors are very supportive so far, and it appears that we are getting bipartisan support. I would certainly solicit your support in this as well.

Senator LANDRIEU. I look forward to working with you. I have got one more question, but I want to just encourage you along that line because with the new legislation that has been supported on a bipartisan basis to really promote unification where possible, but then move quickly to adoption when it is not, and focus also on the preventive aspects, which is substance abuse treatment for some of these families that, if treated, could potentially continue to raise their children and do a good job. So I really encourage you and look forward to working with you.

HEAD START

But my second point would be on Head Start. I would say to the chairman and the ranking member while there are disagreements right now or different views, I should say, about this program, I hope that we would not establish victory for either side as to whether it stays in the Department of Education or just stays in the Department of Health and Human Services. That should not be what we decide is victory. What victory should be is having an early childhood education program in this Nation that is up to the

task of getting children basically ready to learn when they hit that kindergarten door.

That is going to take a combination of efforts, Mr. Secretary, as you know, combining the resources of the cities, the States, of the Department of Health and Human Services, and the Department of Education. So I would like to really think about using this not to create a fight between agencies, but use it as an opportunity to really strengthen a signature program that could have a dramatic impact, Mr. Secretary, if we do it right, on all the things that you outlined and could be a tremendous legacy for you and for your administration to get that in place.

So I look forward to working with you and the members of this committee to fund the reform efforts that you put down. Thank you.

Secretary THOMPSON. Senator Landrieu, thank you so very much for your comments, but thank you so very much for your willingness to help on this Heat Start. I could not agree more enthusiastically with what you want to have as the outcome. If we can develop a better program—that is why you are in Government. That is why I am in the administration. We should work for that. I am confident that Secretary Paige and I will work on a collaborative basis with you. Any suggestions you might have on how to improve the program I will take very seriously I know, and I know Secretary Paige will.

I think we can develop a much better program. What we are trying to do is allowing for the States to be able to integrate their early childhood dollars, because I think really there is a disconnect there. And I would like to be able, on a voluntary basis, to allow Governors to have more involvement in the early childhood stages.

Second, I would like to put a lot more emphasis on the earliest childhood, the 0 to 3. That is where we really need to put some more emphasis. And I know you agree with that, and I thank you so very much.

OPENING STATEMENT OF SENATOR HERB KOHL

Senator SPECTER. Senator Kohl, your timing is impeccable. You arrived just in time for your round of questions.

ABUSE AND NEGLECT IN LONG-TERM CARE FACILITIES

Senator KOHL. Thank you, Senator Specter.

Welcome, Mr. Secretary. Mr. Secretary, at last year's hearing we talked about how important it is to make sure that State survey agencies and ombudsmen have enough funding so they can inspect nursing homes and other long-term care facilities, also to investigate complaints of abuse and neglect.

As you know, every year I have worked hard to increase funding for these programs, and so I was disappointed to see that the President's budget for this year actually cut survey funding by $6 million from 2003 levels that we just enacted, and it flat-lines the ombudsmen funding.

I cannot imagine how we can cut these programs when abuse and neglect complaints jumped by nearly 14 percent least year. So to me it is clear that we need an increase and certainly not a de-

crease in our efforts to make sure that all patients in long-term care are safe.

So I ask you, how can we expect States and ombudsmen to carry out these critical duties if we cut their funding, and can we do something about it?

Secretary THOMPSON. Senator Kohl, thank you so very much and thank you for your leadership in this area. As you know, when you and I worked together in the State of Wisconsin, we got a mandatory proposal through, and I think it is probably one of the best laws in the country in regards to that. I know it was signed into law, and I know you were very supportive of that.

Senator KOHL. Very much so.

Secretary THOMPSON. You know that I agree with you.

Second, it was not a cut, when we introduced it, Senator. The problem was when we introduced the budget, the Congress had not passed the fiscal year 2003 appropriation, and you were very successful in getting additional money put in. So our budget was in when the fiscal year 2003 budget was in, which increased it by $6 million, which we had level funded it. We had not cut it. We had level-funded it from the year before.

Third, it was a tough budget. This is one of the items I had appealed, but I lost on the appeal to OMB. I understand your concern. I just want to work with you to build the best surveillance as we possibly can.

As you probably know, we have started nursing home quality standards, and we started an experimental program with six States. Now it is national. And it is working out very well. The nursing home industry has bought into it, and we are now on the CMS web page. We are able to allow people to look at the comparisons of nursing homes within their State so that they can find out which nursing homes are doing the best job in various areas. This is also something I am sure you would approve of. These are the things that we are trying to do to improve the quality in our nursing homes for our senior citizens.

Senator KOHL. I know how much you care about the issue and I know that we will be able to continue working on it.

One other question in this area. As you know, Mr. Secretary, over the years Congress has held many hearings on abuse in nursing homes and we heard stories from people about patients being beaten, raped, and even killed by employees who are supposed to be caring for them. We know that the vast majority of nursing home workers do a very good job, but as we know, it only takes a few to corrupt a whole system.

I have introduced legislation to create a national registry of abusive workers and require FBI criminal background checks before hiring. The bill is supported by patient advocates, as well as the nursing home industry. As we debate Medicare reform this year, we will hear a lot of ideas about what exactly reform means. But it seems to me at the very least one of the most important reforms we should pass is to ensure the basic safety of those who are already in nursing homes and already covered by Medicare. Nursing homes receive more than $11 billion in Medicare funding in 2001, and I believe we have an obligation to make sure that these dollars are well spent.

So will the administration support legislation to get a national registry of potential nursing home employees and will the administration, will you, work with me and others to get it passed this year?

Secretary THOMPSON. As you know, I worked with you when we got it passed in State of Wisconsin, and I will continue to work with you, Senator. I think it is the right thing and I hope that we can get it done.

Senator KOHL. I thank you so much. It is good to see you.

Secretary THOMPSON. It is always a pleasure.

Are the Bucks going to make it?

Senator KOHL. It is going to be tough.

Secretary THOMPSON. Well, let us do a little bit more in that area too, Senator.

Senator KOHL. Well, I will but I want to assure you, Governor, it is not because I am not paying them enough.

Secretary THOMPSON. I know that, Senator. Let us just hope they make it to the playoffs.

Senator KOHL. All right.

Senator SPECTER. Senator Gregg, like Senator Kohl, your timing is impeccable. You arrived just in time for your round of questioning.

OPENING STATEMENT OF SENATOR JUDD GREGG

Senator GREGG. Well, I appreciate that. Unfortunately, I have to head off to carry the Secretary's water at the markup that I am starting on bioshield, respite care, and a variety of other things he sent to us to do. So my only question would be to the Secretary—well, I am going to reserve my questions because it will take too long to answer, and I would have to leave in the middle of the answer. But it is a pleasure to see the Secretary here and I look forward to continuing to work with him.

Secretary THOMPSON. Thank you, Senator Gregg, for your tremendous support on the smallpox and bioshield initiatives. And thank you for coming over and viewing the Department's new communications center. I extended that invitation to all members. I would like to have them come over because I think you would attest that it is one of the most modern in the Government.

Senator GREGG. An extremely impressive facility. I think it could be of value to every Senator to have a chance to look at it and see the resources there.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Senator SPECTER. Secretary Thompson, on my first round I was focused on what the CDC was doing on the China virus, and the very broad responsibilities which CDC has on bioterrorism. But I note that CDC has been cut by $160 million on their overall budget and $152 million on CDC's buildings and facilities.

Starting first with the $160 million cut, is that wise, appropriate in the context where we consistently call on the CDC to do more, illustrated by the current Chinese virus?

Secretary THOMPSON. The CDC budget, Senator, as you know, is very important to you. It is very important to me. It is very impor-

tant to our country. During the process of give and take with OMB, you are given so much money. You try and do the best job possible.

In regards to the building program, I requested $250 million, which was sort of the glide path in order to get——

Senator SPECTER. You are talking on the building program now?

Secretary THOMPSON. Yes.

Senator SPECTER. I am about to come to that. The building program has been cut by $152 million.

Secretary THOMPSON. $152 million out of the $250 million.

Senator SPECTER. The facilities had been in a longstanding state of disrepair which had not been focused on by your predecessors until members of this committee went down and took a look. You know that story.

Secretary THOMPSON. I know it very well.

Senator SPECTER. We had an emergency appropriation that year, about 3 years ago, of $170 million, and we added $250 million and $250 million. We have had very vociferous complaints from the community which is really up in arms. When I was there, I saw distinguished scientists with desks in the halls—you know about that—and very important chemical substances unprotected, unsafeguarded. When was the last time you saw the CDC, Mr. Secretary?

Secretary THOMPSON. I go to the CDC about every 6 months. I am going down there again——

Senator SPECTER. Well, how was it when you saw it last? Are the conditions still pretty bad?

Secretary THOMPSON. Conditions are improving. We are making a lot of progress. We still have a long ways to go.

Senator SPECTER. They are improving, but are they still pretty bad?

Secretary THOMPSON. The laboratories should be finished up this year, and that was our highest concern. Our laboratories, as well as for the security of them. That has come along very nicely, but there are some other buildings.

The problem is we have three campuses, and we have 24 other buildings that we are renting around the City of Atlanta. It really causes a disconnect. There is not the synergism that we could have if we could relocate those 24 buildings on campus and have the building program go.

I understand your position, Senator. Oz Nelson and Bernie Marcus have been leaders down there, and I think they met with you yesterday. They have talked to me. I talk to them on a very regular basis. We are trying to get $250 million which was the glide path——

Senator SPECTER. Well, I hope you talk to them as regularly as they call me.

Secretary THOMPSON. Well, I am sure they probably call you more.

Senator SPECTER. I'm going to give WATS line with those folks.

But we ask them to do so much.

My time is close to expiring, and I want to stick to the time limits here.

NATIONAL INSTITUTES OF HEALTH FUNDING

CDC is tied very closely with the NIH funding, and the NIH funding—you know what this subcommittee has done. When you present a budget like this to us, Mr. Secretary, you really leave us in a position of adding to the CDC and adding to the NIH and taking away from other programs. And I know your problems with OMB, but I suggest to you there has to be a tougher level of advocacy on these lines.

The subcommittee would like to know how many grants have been awarded by NIH, what will happen with the flow of grants when the increase is only a figure of $673 million. I will ask as the final question before my red light goes on, why does the administration request only $673 million for NIH when last year it was $3.7 billion?

Secretary THOMPSON. First off, Senator, I do not know how I could be a stronger advocate than what I have been in the past.

Senator SPECTER. Well, you can take over OMB, Mr. Secretary.

Secretary THOMPSON. Well, I suppose I could, but I was not asked to do that, Senator, and I do not think they are going to ask me to do it either.

I am a strong advocate. I am passionate about it. And I thank you for you passion because it has been yours and Senator Harkin's and members' of this committee that have been able to do it.

In regards to NIH funding, it is a 2.5 percent increase over what the fiscal year 2003 request was, but——

Senator SPECTER. How do you figure a 2.5 percent increase? Do you have a different slide rule than I do?

Secretary THOMPSON. No, I do not. Subsequent to the introduction of our budget, Congress passed the fiscal year 2003 appropriation bill which increased the amount of money over and above what we had requested. Therefore, instead of a 2.6, it was about a 1.6 percent increase over what you appropriated. But what we put in over what was in the fiscal year 2002, it is a 2.6 percent increase. That is the difference.

In regards to that, there was $250 million put in for the purchase of anthrax which is no longer there. That has been purchased. There was a one-time capital cost in the NIH budget for building laboratories at Fort Detrick and also on the campus, and also the remodeling of a laboratory in Montana. Those things have been done. There was approximately $375 million put in for capital improvements on campuses, on universities for bioterrorism laboratory advancements, as well as other things. Those were one-time costs. When they are taken out, you add that back into the research. Those one-time dollars will no longer be going for the expenditure of anthrax and for capital costs. They will be going back into research. So the total amount of money going for research over last year will be $1.9 billion, or a 7.5 percent increase, which will allow us to send out more grants and more dollars than ever before. And that is just how it works out, Senator.

Senator SPECTER. Senator Harkin.

Senator HARKIN. Thank you, Mr. Chairman.

Mr. Secretary, I am shifting a little bit here. I just again wanted to focus on this new Freedom Initiative, the disability grants, which I compliment you for moving ahead on that.

There are enough people who want to ask questions. Why do I not write you a letter on this and discuss this with you? I am concerned about what happens after the first year. You have got these grants in there for the first year. What happens after that? I mean, they cannot just drop off a cliff someplace. And there is a match there for that first year. Then after that, we do not know. So I am greatly concerned that States may go into this, and then after the first year, they have nothing. And I do not know what the plan is for that. But maybe I should write you. Maybe you could respond to me on that basis.

[The information follows:]

NEW FREEDOM INITIATIVE

There are several components to the New Freedom Initiative proposal, the following are items with fiscal impact in the fiscal year 2004 and beyond (many of these demonstrations were also proposed in the President's fiscal year 2003 Budget):

—*Medicaid Spousal Exemption*.—$95 million over five years, with $16 million proposed for fiscal year 2004. This proposal would give States the option to continue Medicaid eligibility for spouses of disabled individuals who return to work. Under current law, individuals with disabilities might be discouraged from returning to work because the income they earn could jeopardize their spouse's Medicaid eligibility. This proposal would extend to the spouse the same Medicaid coverage protection now offered to the disabled worker.

—*New Freedom Initiative Demonstrations*.—$220 million over 5 years, with $11 million proposed for fiscal year 2004. This initiative would fund four demonstrations that promote home and community-based care alternatives. Two of the demonstrations provide respite care services for adults and substantially disabled children. Another demonstration provides community-based care alternatives for children who are currently residing in psychiatric residential treatment facilities. The President proposed these demonstrations for fiscal year 2003. Also included is $3 million in discretionary spending for the CMS Research and Demonstrations Budget that will fund the Direct Service Worker National Demonstration.

—*"Money Follows the Individual" Rebalancing Demonstration*.—$1.75 billion over 5 years, with $350 million proposed for fiscal year 2004. This 5-year demonstration would finance Medicaid services for individuals who transition from institutions to the community. Federal grant funds would pay the full cost of home and community-based waiver services for 1 year, after which the participating States would agree to continue care at the regular Medicaid matching rate. This demonstration would also provide incentives to States for increased use of home and community-based services and would help provide information on costs of different approaches.

The fiscal year 2004 budget will also include $40 million for "Systems Change Grants" to support States in their planning to create new systems to support people with disabilities in the community instead of in institutions.

Secretary THOMPSON. Senator, I really think that the evidence is going to show that this is the right thing to do. I think that you have recognized that for many years and have been pushing for this thing. It is something I did when I was in Wisconsin. I moved people from nursing homes and left them in their own homes.

Senator HARKIN. I am aware of that.

Secretary THOMPSON. Also, for the disabled community, we did the same thing. It is so much better—a quality of life issue—that I just do not think, once you start down this path, that you would ever be able to stop it. I think the advocates, I think the Senators like you, Senator Harkin, and I think the administration have made a commitment, and I think they have made a commitment

to the community and I think we are going to stand by that. As long as I am here, I know I am going to be pushing for it, and I know I am going to have your support in order to accomplish that.

Senator HARKIN. Thank you, Mr. Secretary.

Senator SPECTER. Senator Craig.

Senator CRAIG. Mr. Chairman, I have no further questions.

Senator SPECTER. Senator Landrieu.

SUBSTANCE ABUSE

Senator LANDRIEU. Yes. Mr. Secretary, let me just follow up with our substance abuse focus, if we could, because as you know, the record speaks clearly about the reason that I think maybe 70 to 80 percent of children in foster care are there because a parent or both parents have a serious substance abuse problem. I do not have to share with you the statistics about our prisons being full of people who have substance abuse problems and for whatever reason—not that those reasons are excused—turn to a life of crime, et cetera. My point being that since we spend I think $30,000 or $40,000 per year to incarcerate someone, it would seem to me that one of the smartest investments we could make as a nation is trying to find and continuing to pursue, even though it is difficult, a very effective remedy or program for substance abuse.

Your budget here, the block grant that we provide to our States, provides treatment services to 400,000 people. Do we know how many people in the country are suffering from substance abuse that could potentially be helped by a block grant like this? Do we have a figure that we are shooting for?

Secretary THOMPSON. I am sure we do, but I do not have it at the tip of my——

Senator LANDRIEU. Could anyone on your staff share with us? Do we know what the universe is that we are dealing with?

Secretary THOMPSON. I know we have that information. I will get it for you, Senator Landrieu.

Senator LANDRIEU. Because I think it is huge.

Secretary THOMPSON. It is.

Senator LANDRIEU. I think it is millions and millions and millions of people that are suffering from substance abuse. And I point out to the committee and to the chairman that the block grant only provides for services for 400,000 people in the country. So we are just woefully short in that line item. So if you could provide for me the universe that we have at least identified as the numbers of people who have serious substance abuse—you know, chronic—I would just ask.

Secretary THOMPSON. We will get that information for you.

[The information follows:]

PRESIDENT'S DRUG TREATMENT INITIATIVE

In fiscal year 2004, we are requesting a total of $2.6 billion for the President's Drug Treatment Initiative to provide drug treatment services to approximately to 725,000 individuals, an increase of 135,000 individuals over fiscal year 2003. We are requesting an increase of $31 million for the Substance Abuse Prevention and Treatment Block Grant and $200 million for a new voucher program, Access to Recovery, to increase treatment options and expand access to services to 100,000 individuals, including services provided by faith-based organizations.

We believe that these increases in substance abuse treatment will help us reach those people who need treatment. According to the 2001 National Household Survey

on Drug Abuse, 5 million people needed but did not receive treatment in 2001. Of this 5 million people, an estimated 377,000 reported that they felt they needed treatment for their drug problem. This includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

Senator LANDRIEU. And then try to provide me, if you would, in your opinion what are the one or two or three most effective either statewide or regional programs. And by effective, I mean a record, an objective record, of people entering the program with problems, exiting the program cured, which is I know very difficult. Because if we could identify some of those effective programs, I would like to work with you on moving some of the money out of corrections and out of foster care and into drug abuse treatment and prevention so as to save this Government a tremendous amount of money and, needless to say, a lot of heartache in the process. So if you could provide that for me.

[The information follows:]

SUBSTANCE ABUSE PROGRAMS

Numerous studies have shown substance abuse treatment to be effective in reducing substance use, crime, and infectious diseases, while increasing employment and social functioning. For example, in Louisiana, the Department of Health and Hospitals, Office for Addictive Disorders administers substance abuse prevention and treatment services in 10 regions throughout the State. The Office for Addictive Disorders requires substance abuse treatment programs to screen, assess, and place individuals in need of substance abuse treatment using standardized assessment instruments such as The Diagnostic and Statistical Manual (DSM–IV–R) of Mental Disorders, the Addiction Severity Index, 5th Edition, and the Patient Placement Criteria for the Treatment of Substance Related Disorders, 2nd Edition Revised. The appropriate assessment and placement of individuals in need of substance abuse treatment is critically important to the desired treatment outcomes of achieving and maintaining abstinence and recovery.

The Office for Addictive Disorders has identified two exemplary programs:

1. Rainbow Social Detoxification, Alexandria, Louisiana (Region VI)

The program reported: 98.5 percent occupancy rate for the last calendar year; 63 percent of clients admitted showed improvement in the first two quarters of the current fiscal year according to exit data; and 78 percent of the clients completed the treatment program in the last fiscal year.

2. Infinity Women With Dependent Residential Program, New Orleans, Louisiana (Region I)

This is a collaborative effort between the Office for Addictive Disorders and the Office of Family Support utilizing TANF funding to provide substance abuse treatment to women and their children.

Of the women who completed treatment: (1) 100 percent are enrolled in school or employed at 1-month follow-up post discharge; (2) 100 percent reported a reduction in drug/alcohol usage at 1-month follow-up post discharge; 92 percent of the children ages 0–5 demonstrated improvement in their developmental assessments from admission to discharge; and 53 percent of school aged children demonstrated improved academic performance admission to discharge.

Additionally, the following programs have reported promising treatment outcomes for their respective targeted population in need of substance abuse treatment.

City of Boise Collaborative Methamphetamine Treatment Services Project, Boise, Idaho

Target population: The target population for this SAMHSA-funded project is adults ages 18 and up, methamphetamine users, male and female, and their families in Boise and the surrounding community of Ada County. The project will serve between 50–75 clients per year.

Outcomes: The project is estimating that a minimum of 75 percent of all clients admitted will graduate from the treatment program with client outcomes similar to those of other comparable Matrix model programs in relation to being drug free, employed, or engaged in productive activity; living in a permanent place within the community; and having little or no involvement with the criminal justice system. After fiscal year 2003, the project will determine the program's impact on the fol-

lowing: (a) decreased crime, arrest, convictions, and incarcerations; (b) decreased emergency room/medical/hospital visits; (c) decreased foster care placements; and (d) reduced health and social costs from associated drug use.

The Pinal Hispanic Council Adolescent Treatment Project, Eloy, Arizona

Target population: The target population for this Substance Abuse Prevention and Treatment block grant-funded project are Chicano, American Indian, and African American adolescent males and females between the ages of 10–18.

Outcomes: Pinal Hispanic Council receives Federal and State funds and is a multiethnic, adolescent treatment improvement project which provides comprehensive substance abuse treatment services to a tri-county rural community in southern Arizona. Their main office, located in Eloy, is "Centro de Ayuda" (Help Center) and two satellite offices, "Centro de Unidad" (Unity Center) are located in Coolidge and Casa Grande. The program receives the majority of its patients from the various public schools, families, and the juvenile justice department. The drugs of choice are primarily alcohol, methamphetamine, inhalants, marijuana, and crack cocaine. A home-based approach to treatment is used and a bilingual multi-cultural staff ensures cultural sensitivity. Approximately 85 percent of the 48 clients completed treatment in the last fiscal year. This program is a model for both delivering services in a rural community and in coalition building in a rural community.

Secretary THOMPSON. Senator, thank you so very much. You know we have also put in this new program for mentoring and counseling children of prisoners because they are going to get out and we want to be able to try to get them reintegrated back in the family if it is possible and if there is not going to be any kind of spousal abuse or anything like this. This is a program that we think will be very effective. But there are many demonstration programs out there that we would certainly like to work with you on and see if we could make it a national program.

Senator LANDRIEU. And the reason that I bring that up, is because I think the public has a sense that there are no cures or that they are so difficult, people just throw their hands up and say what is the use of funding it, it does not work. So what we have to do is give people hope that there are, in fact, effective programs that do work, that can be put into place, and that we can really make a serious advancement here on this particular subject. So, thank you.

One other thing for the record. If you could supply me with the grants that either universities or scientists, doctors, physicians, the medical infrastructure in Louisiana has received from NIH, I would appreciate that. I know that there are records to that effect, and if your staff could get that for me, that would be very helpful.

Secretary THOMPSON. For all the universities——

Senator LANDRIEU. For all universities in Louisiana in the last 3 years.

Secretary THOMPSON. From NIH?

Senator LANDRIEU. From NIH. Thank you.

Secretary THOMPSON. I would be more than happy to. And if you do not get it within 10 days, call me. Will you please?

[The information follows:]

NIH GRANTS AND CONTRACTS AWARDED FOR THE STATE OF LOUISIANA

A list of all NIH grants and contracts awarded to recipients in the State of Louisiana for the past 3 years is being provided under separate cover. In summary, NIH made 334 grant and contract awards for $78.6 million to recipients in Louisiana in fiscal year 2000; 324 awards for $85.8 million in fiscal year 2001; and 344 awards for $117.5 million in fiscal year 2002—a dollar increase of more than 49 percent over fiscal year 2000.

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
FISCAL YEAR 2000				
D43TW001086–02	MATHER, FRANCES J	TULANE UNIVERSITY OF LOUISIANA	INTERNATIONAL TRAINING IN MEDICAL INFORMATICS	$146,438
D43TW001142–02	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	ACTIONS FOR BUILDING CAPACITY	100,000
D43TW001142–02S1	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	IMPACT OF MID-GUT BACTERIA ON ANOPHELES MOSQUITOES	40,000
F30DA005743–05	MARTIN-SCHILD, SHERYL B	TULANE UNIVERSITY OF LOUISIANA	TYR–W–MIF–1 AND OPIATE TOLERANCE	53,903
F31DA005907–02	HORNER, KRISTEN A	TULANE UNIVERSITY OF LOUISIANA	CHANGES IN ENDOMORPHINS DURING OPIATE TOLERANCE	19,145
F31DA005926–02	BRADLEY, AMY L	LOUISIANA STATE UNIV-UNIV OF NEW ORLEANS	SYNTHESIS AND DEVELOPMENT OF NEW COCAINE MEDICATIONS	21,189
F31DA005948–02	CZAPLA, MARC A	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN AND CARDIORESPIRATORY CONTROL	20,452
F31DA005968–02	SMITH, REBECCA R	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN PLASTICITY IN CHRONIC PAIN MODELS	34,115
F31DA006010–01	BEYER, CHAD E	LOUISIANA STATE UNIV HSC SHREVEPORT	MEDIAL PREFRONTAL CORTEX'S ROLE IN COCAINE SENSITIZATION	18,654
F31DA006040–01	GREENWELL, THOMAS N	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN-NEUROIMMUNE INTERACTIONS	19,935
F31GM019387–03	HAMILTON, KIMBERLY Y	LOUISIANA STATE UNIV A&M COL BATON ROUGE	CHIRAL SELECTOR IN CAPILLARY ELECTROPHORESIS	21,210
F31GM019876–02	BURSE, JEANINE R	TULANE UNIVERSITY OF LOUISIANA	PAST AND PRESENT BIOINDICATION OF RIVER POLLUTION	23,805
F31GM020437–02	CEDILLO, BERTHA M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	DEVELOPMENT OF A CHIRAL SELECTOR SYSTEM	25,470
F31GM020603–01	WILLIAMS, BRIDGET D	TULANE UNIVERSITY OF LOUISIANA	THE ROLE OF TRACT STABILITY IN TELOMERE MAINTENANCE	33,994
F31GM020686–01	ROBINSON, TERI L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	DENDRIMERS/POLYMERIC SURFACTANTS IN CHIRAL SEPARATIONS	25,573
F31GM020928–01	AUSTIN, JOSEPH	LOUISIANA STATE UNIV HSC SHREVEPORT	MINORITY PRE-DOCTORAL FELLOWSHIP PROGRAM	22,512
F31HG000207–02	SIMMONS-WILLIS, TRACEY A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MINORITY PRE-DOCTORAL FELLOWSHIP PROGRAM	13,896
F31NS011180–01	CLAYTON BAUCOM, CATHERINE A	TULANE UNIVERSITY OF LOUISIANA	HUMAN HAND PREFERENCE—STRUCTURAL FUNCTIONAL MRI STUDIES	20,830
F32AA005543–02	ZHANG, ZILI	LOUISIANA STATE UNIV HSC NEW ORLEANS	POSTTRANSLATIONAL INHIBITION OF TNF ALPHA BY ALCOHOL	40,936
F32DA005877–03	STAFFORD, DAVID A	LOUISIANA STATE UNIV HSC SHREVEPORT	DRUG EFFECTS ON COCAINE PAIRED CONDITIONED REINFORCERS	40,936
F32DK009931–02	ROSS, DONNA M	LOUISIANA STATE UNIV HSC SHREVEPORT	RENAL CAPILLARY FAILURE IN DIABETIC NEPHROPATHY	32,416
F32EY006996–02	LOUTSCH, JEANNETTE M	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HSV1 REACTIVATION—CONTROL BY THE LAT DOMAIN	39,232
F32HD008390–03	GULLEDGE, CYNTHIA C	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF OPIOID MODULATION OF MATERNAL BEHAVIOR	37,516
G11HD034961–03	ISLAND, GLENDA J	GRAMBLING STATE UNIVERSITY	GSU RESEARCH ADMINISTRATION INFRASTRUCTURE PROGRAM	91,749
G11HD038437–01	OSAGIE, EMMANUEL I	SOUTHERN UNIV A&M COL BATON ROUGE	EXTRAMURAL RESEARCH DEVELOPMENT AWARD	1
G20RR015079–01	BAKER, DAVID G	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	TRANSGENIC FACILITIES FOR NUTRITIONAL RESEARCH	141,322
K01CA078318–02	HEMENWAY, CHARLES S	TULANE UNIVERSITY OF LOUISIANA	BMI1 INTERACTING PROTEINS IN NEOPLASTIC TRANSFORMATION	109,982
K01GM000707–01	CHETTY, KOTHAPA N	GRAMBLING STATE UNIVERSITY	HYPERCHOLESTEROLEMIA AND REPERFUSION INJURY	22,803
K02DA000204–08	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOID PEPTIDE PROCESSING ENZYMES	112,160
K02DA000211–07	FRANCE, CHARLES P	LOUISIANA STATE UNIV HSC NEW ORLEANS	BEHAVIORAL PHARMACOLOGY OF OPIOIDS	37,261
K02DK002605–02	KAPUSTA, DANIEL R	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOIDS AND CENTRAL NEURAL REGULATION OF RENAL FUNCTION	94,955
K02MH000967–07	HAYCOCK, JOHN W	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN TYROSINE HYDROXYLASE AND SCHIZOPHRENIA	106,040
K02MH001231–06A1	O'DONNELL, JAMES M	LOUISIANA STATE UNIV HSC SHREVEPORT	NOVEL MECHANISMS OF ANTIDEPRESSANT ACTIVITY	69,863
K07HL003327–05	ALI, JUZAR	LOUISIANA STATE UNIV HSC NEW ORLEANS	TUBERCULOSIS ACADEMIC AWARD—COMPREHENSIVE EDUC PROGRAM	71,033
K08AI001438–05	CHANG, WUN–LING	LOUISIANA STATE UNIV HSC SHREVEPORT	CD4 + T CELL REGULATION—-EFFECTOR CELLS IN BLASTOMYCOSIS	118,800
K08AI001467–03	MASON, ANDREW L	OCHSNER CLINIC FOUNDATION	RETROVIRAL ETIOLOGY OF PRIMARY BILIARY CIRRHOSIS	118,800
K08AI049790–01	PARADA, NEREIDA A	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF IL–2 RECEPTOR BY THE CD4 LIGAND IL–16	110,700

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
K08EY000414–02	COLITZ, CARMEN M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	TELOMERASE FUNCTION AND REGULATION IN THE LENS	104,674
K08HL003569–05	Ortiz, Luis A.	TULANE UNIVERSITY OF LOUISIANA	APOPTOSIS IN PULMONARY FIBROSIS–-ROLE FOR TNF AND P53	114,080
K08MH001706–03	SCHEERINGA, MICHAEL S	TULANE UNIVERSITY OF LOUISIANA	TRAUMATIZED YOUNG CHILDREN–-RISK FOR MALADAPTATION	150,627
K23DC000135–04	FOUNDAS, ANNE L	TULANE UNIVERSITY OF LOUISIANA	NEUROBIOLOGIC SUBSTRATES OF STUTTERING	80,271
K30HL004521–01	FRIEDMAN, MITCHELL	TULANE UNIVERSITY OF LOUISIANA	CLINICAL RESEARCH CURRICULUM AWARD	200,000
M01RR005096–11	CORRIGAN, JAMES J	TULANE UNIVERSITY OF LOUISIANA	GENERAL CLINICAL RESEARCH CENTER	2,223,025
N01AI075327–005	Didier, Elizabeth Schmidt	TULANE UNIVERSITY OF LOUISIANA	PRECLINICAL EVAL. OF THERAPIES FOR MICROSPORIDIAL INFECT	397,907
N01HG065404–000	ROTHSCHILD, HENRY	LOUISIANA STATE UNIV HSC NEW ORLEANS	DETERM. OF GEN. SUSCEPTIBILITY LUNG CANCER FAM. S.O.LA.	184,570
N01HG065404–006	ROTHSCHILD, HENRY	LOUISIANA STATE UNIV HSC NEW ORLEANS	DETERM OF GEN SUSCEPTIBILITY LUNG CANCER	237,874
N01HG065404–007	ROTHSCHILD, HENRY	LOUISIANA STATE UNIV HSC NEW ORLEANS	DETERM OF GEN SUSCEPTIBILITY LUNG CANCER	237,675
P01CA028842–17	CORREA, PELAYO	LOUISIANA STATE UNIV HSC NEW ORLEANS	ETIOLOGIC STUDIES OF GASTRIC CARCINOMA	683,011
P01DK043785–10	GRANGER, D NEIL	LOUISIANA STATE UNIV HSC SHREVEPORT	PATHOPHYSIOLOGY OF INTESTINAL ISCHEMIA/REPERFUSION	1,243,529
P30EY002377–22	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORE GRANT FOR VISION RESEARCH	432,575
P50AA009803–07	SPITZER, JOHN J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, HIV INFECTION AND HOST DEFENSE	1,707,894
P50AA009803–07S1	SPITZER, JOHN J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, HIV INFECTION AND HOST DEFENSE	105,817
P51RR000164–39	LAROSA, JOHN C	TULANE UNIVERSITY OF LOUISIANA	REGIONAL PRIMATE RESEARCH CENTER	5,731,111
R01AA008846–08	Bautista, Abraham P.	LOUISIANA STATE UNIV HSC NEW ORLEANS	LIVER AND THE IMMUNODEFICIENCY OF ALCOHOLICS	169,292
R01AA009505–05	PRUETT, STEPHEN B	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF IMMUNOSUPPRESSION BY ONE DOSE OF ETHANOL	154,003
R01AA009876–06	WOLCOTT, ROBERT M	LOUISIANA STATE UNIV HSC SHREVEPORT	FETAL ALCOHOL EFFECTS AND IMMUNE DEVELOPMENT	205,594
R01AA011224–04	GILES, THOMAS D	LOUISIANA STATE UNIV HSC NEW ORLEANS	MODERATE ALCOHOL USE—CARDIOVASCULAR RISKS AND BENEFITS	235,882
R01AA011760–04	MASON, CAROL M	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, TB AND AIDS	181,995
R01AG016592–01A1	BERENSON, GERALD S.	TULANE UNIVERSITY OF LOUISIANA	EVOLUTION OF CARDIOVASCULAR RISK WITH NORMAL AGING	715,752
R01AG017887–01	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	NUTRITIONAL AND METABOLIC MECHANISMS OF AGING	336,000
R01AG017981–01	MCLAUGHLIN, MARK L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	BETA-SHEET MIMICS FROM CONSTRAINED DIPEPTIDE UNITS	180,930
R01AG017983–01	HAMMER, ROBERT P	LOUISIANA STATE UNIV A&M COL BATON ROUGE	INHIBITION OF FIBRILLOGENESIS WITH B–STRAND MIMICS	316,180
R01AG017983–01S1	HAMMER, ROBERT P	LOUISIANA STATE UNIV A&M COL BATON ROUGE	INHIBITION OF FIBRILLOGENESIS WITH B–STRAND MIMICS	66,802
R01AG018239–01	GEISELMAN, PAULA J	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	OBESITY PREVENTION AFTER SMOKING CESSATION IN MENOPAUSE	183,750
R01AG018648–01	VANLANDINGHAM, MARK J	TULANE UNIVERSITY OF LOUISIANA	SOCIO-DEMOGRAPHIC IMPACT OF AIDS ON OLDER PERSONS	109,678
R01AI019199–16	KLEI, THOMAS R	LOUISIANA STATE UNIV A&M COL BATON ROUGE	LYMPHATIC LESION PATHOGENESIS IN BRUGIA INFECTED JIRDS	222,143
R01AI022001–16	O'CALLAGHAN, DENNIS J	LOUISIANA STATE UNIV HSC SHREVEPORT	NUCLEIC ACIDS OF HERPES VIRUS INFECTED CELLS	330,781
R01AI031567–06	CHERVENAK, ROBERT P	LOUISIANA STATE UNIV HSC SHREVEPORT	DEVELOPMENTAL BIOLOGY OF T CELL PRECURSORS	178,096
R01AI032556–06A1	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	MUCOSAL CELL MEDIATED IMMUNITY IN VAGINAL CANDIDIASIS	203,750
R01AI034754–07	Garry, Robert F.	TULANE UNIVERSITY OF LOUISIANA	ALTERATIONS OF ION TRANSPORT BY HIV	236,098
R01AI040667–05	VAN DER HEYDE, HENRI C	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS WHEREBY CD4 T CELLS ACTIVATE AMI AND CMI	194,558
R01AI041693–03	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	HORMONAL REGULATION OF VIGINAL IMMUNITY TO C ALBICANS	200,347
R01AI042146–02	MUGGERIDGE, MARTIN I	LOUISIANA STATE UNIV HSC SHREVEPORT	ROLES OF HSV2 MEMBRANE PROTEINS IN MEMBRANE FUSION	173,012
R01AI042350–03	LANDRY, SAMUEL J	TULANE UNIVERSITY OF LOUISIANA	HELPER T CELL EPITOPE IMMUNODOMINANCE	199,020
R01AI042400–01A2	DAVISON, BILLIE B	TULANE UNIVERSITY OF LOUISIANA	A RHESUS MONKEY MODEL OF MALARIA IN PREGNANCY	566,402

R01AI042777–03	CLEMENTS, JOHN D	TULANE UNIVERSITY OF LOUISIANA	MECHANISM OF CHOLERA TOXIN AND E COLI LT ADJUVANTICITY	195,482
R01AI043000–02	KOUSOULAS, KONSTANTIN GUS	LOUISIANA STATE UNIV A&M COL BATON ROUGE	GENETICS & FUNCTIONS OF HSV1 GK IN VIRUS ENTRY & EGRESS	279,406
R01AI044424–03	STACZEK, JOHN	LOUISIANA STATE UNIV HSC SHREVEPORT	CHIMERIC VIRUS VACCINES FOR P AERUGINOSA INFECTION	183,600
R01AI045151–01A1	FREYTAG, LUCIA C	TULANE UNIVERSITY OF LOUISIANA	MUCOSAL IMMUNIZATION—PREVENTION OF SYSTEMIC CANDIDIASIS	222,750
R01AI045725–01A1	GILLIS, THOMAS P	NATIONAL HANSEN'S DISEASE PROGRAM	DEVELOP AND EVALUATE NEW LEPROSY AND TB VACCINES	110,275
R01AI046275–02	Robinson, JAMES E	TULANE UNIVERSITY OF LOUISIANA	RHESUS MABS FROM SHIV INFECTED MACAQUES	220,613
R01AI048499–01	ROOP, ROY M	LOUISIANA STATE UNIV HSC SHREVEPORT	BRUCELLA STATIONARY PHASE GENE EXPRESSION AND VIRULENCE	315,000
R01AR045982–03	ALA–KOKKA, LEENA M	TULANE UNIVERSITY OF LOUISIANA	MUTATIONS CAUSING DISC DISEASE AND SCIATICA	280,549
R01AR046976–02	KIMPEL, DONALD L	LOUISIANA STATE UNIV HSC SHREVEPORT	NOVEL IMAGING TECHNOLOGIES FOR RHEUMATOID ARTHRITIS	286,000
R01CA054152–09	HILL, STEVEN M	TULANE UNIVERSITY OF LOUISIANA	NEUROENDOCRINE INFLUENCES ON MAMMARY CANCER	178,276
R01CA054576–07	Dash, Srikanta A.	TULANE UNIVERSITY OF LOUISIANA	HEPATITIS C VIRUS AND HEPATOCELLULAR CARCINOMA A	244,525
R01CA065600–04	SPARKS, RODNEY L	TULANE UNIVERSITY OF LOUISIANA	CARCINOGENESIS AND LOSS OF DIFFERENTIATION CONTROL	173,347
R01CA075190–03	BERKEL, HANS J	LOUISIANA STATE UNIV HSC SHREVEPORT	CHEMOPREVENTION OF ADENOMATOUS COLORECTAL POLYPS	651,800
R01CA075613–02	HWANG, DANIEL H	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	CYCLOOXYGENASE AND TUMORIGENESIS	189,257
R01CA078335–02	GNARRA, JAMES R	LOUISIANA STATE UNIV HSC NEW ORLEANS	HGF/SF SIGNALING BY THE VHL TUMOR SUPPRESSOR	216,802
R01CA078335–02S1	GNARRA, JAMES R	LOUISIANA STATE UNIV HSC NEW ORLEANS	HGF/SF SIGNALING BY THE VHL TUMOR SUPPRESSOR	70,117
R01CA080149–02	MATHIS, J MICHAEL	LOUISIANA STATE UNIV HSC SHREVEPORT	ADENOVIRUS BASED P53 GENE THERAPY FOR OVARIAN CANCER	107,690
R01CA081125–02	SCHWARZENBERGER, PAUL O	LOUISIANA STATE UNIV HSC NEW ORLEANS	IL–17 AND HEMATOPOIESIS	137,290
R01CA081506–01A1	EHRLICH, MELANIE	TULANE UNIVERSITY OF LOUISIANA	DNA HYPOMETHYLATION AND CANCER	219,564
R01CA082689–02	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	INDUCTION OF ANERGY AND ALTERED SIGNAL TRANSDUCTION	201,812
R01CA083823–01	Levy, Laura S.	TULANE UNIVERSITY OF LOUISIANA	SELECTIVE FORCES OPERATIVE IN FELV INFECTION	237,309
R01CA085693–01	HARRISON, LYNN	LOUISIANA STATE UNIV HSC SHREVEPORT	DNA REPAIR OF MULTIPLY DAMAGED SITES IN CELLS	218,250
R01DA005084–13	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOID PEPTIDE SYNTHESIZING ENZYMES	175,109
R01DA006013–08	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	ENVIRONMENTAL INFLUENCES ON COCAINE SELF ADMINISTRATION	207,513
R01DA008255–06	VARNER, KURT J.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CHRONIC COCAINE/STIMULANTS—CARDIOVASCULAR CONSEQUENCES	170,943
R01DA009157–05	FRANCE, CHARLES P	LOUISIANA STATE UNIV HSC NEW ORLEANS	DISCRIMINATIVE EFFECTS OF BENZODIAZEPINE WITHDRAWAL	31,209
R01DA009820–05	GLOWA, JOHN R	LOUISIANA STATE UNIV HSC SHREVEPORT	DETERMINANTS OF DRUG EFFECTS ON DRUG MAINTAINED BEHAVIOR	318,520
R01DA009820–05S1	GLOWA, JOHN R	LOUISIANA STATE UNIV HSC SHREVEPORT	DETERMINANTS OF DRUG EFFECTS ON DRUG MAINTAINED BEHAVIOR	58,144
R01DA011417–02	Moerschbaecher, Joseph M.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CANNABINOID ABUSE EFFECTS ON LEARNING AND MEMORY	189,130
R01DA011528–04	TRUDELL, MARK L	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	SYNTHESIS OF POTENTIAL COCAINE ABUSE THERAPEUTICS	251,372
R01DA011655–03	ZADINA, JAMES E	TULANE UNIVERSITY OF LOUISIANA	NEUROBIOLOGY OF ENDOMORPHINS	134,463
R01DA011939–01A2	Harlan, Richard E	TULANE UNIVERSITY OF LOUISIANA	THALAMOSTRIATAL MECHANISMS OF MORPHINE ACTION	187,166
R01DA012267–02	HARRISON, MURELLE G	SOUTHERN UNIV A&M COL BATON ROUGE	PREVENTING SUBSTANCE USE IN RURAL AFRICAN–AMERICAN YOUTH	571,834
R01DA012427–01A1	WINSAUER, PETER J	LOUISIANA STATE UNIV HSC NEW ORLEANS	COCAINE SELF-ADMINSTRATION: EFFECTS ON LEARNING	91,369
R01DA012427–01A1S1	WINSAUER, PETER J	LOUISIANA STATE UNIV HSC NEW ORLEANS	COCAINE SELF-ADMINSTRATION: EFFECTS ON LEARNING	10,010
R01DA012703–02	TRUDELL, MARK L	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	NOVEL NICOTINIC RECEPTOR MEDIATED THERAPEUTIC AGENTS	287,756
R01DC000303–13	GUTH, PAUL S	TULANE UNIVERSITY OF LOUISIANA	PHARMACOLOGY OF VESTIBULAR NEUROTRANSMISSION	212,969
R01DC003679–02	Hood, Linda Jean	LOUISIANA STATE UNIV HSC NEW ORLEANS	AUDITORY GENETIC STUDIES OF HEREDITARY HEARING LOSS	201,335
R01DC003792–02	CAPRIO, JOHN T	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ENCODING OF BIOLOGICALLY RELEVANT ODOR SIGNALS	310,659
R01DC003896–02	Ricci, Anthony J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ENDOGENOUS FACTORS REGULATING TRANSDUCER ADAPTATION	169,287

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01DC003896–02S1	Ricci, Anthony J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ENDOGENOUS FACTORS REGULATING TRANSDUCER ADAPTATION	19,770
R01DC004196–02	Keats, Bronya J.	LOUISIANA STATE UNIV HSC NEW ORLEANS	ID OF THE MOUSE DEAFNESS (DN) GENE ON CHROMOSOME 19	217,521
R01DE008851–10	BLOCK, MICHAEL S	LOUISIANA STATE UNIV HSC NEW ORLEANS	PROSPECTIVE EVALUATION OF IMPLANT SUPPORTED BRIDGES	109,415
R01DE008911–09	WISE, GARY E	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MOLECULAR BASIS OF TOOTH ERUPTION	168,830
R01DE012178–03	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	ORAL IMMUNE DYSFUNCTION AND CANDIDIASIS IN HIV INFECTION	222,477
R01DE012178–03S1	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	ORAL IMMUNE DYSFUNCTION AND CANDIDIASIS IN HIV INFECTION	105,767
R01DE012178–03S2	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	ORAL IMMUNE DYSFUNCTION AND CANDIDIASIS IN HIV INFECTION	25,622
R01DE012187–05	SIXBEY, JOHN W.	LOUISIANA STATE UNIV HSC SHREVEPORT	DETERMINANTS OF EPSTEIN BARR VIRUS MUCOSAL PATHOGENESIS	219,839
R01DE012329–02	CHEN, YIPING	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR MECHANISMS OF VERTEBRATE TOOTH INITIATION	175,255
R01DE012916–02	AMEDEE, ANGELA M	TULANE UNIVERSITY OF LOUISIANA	SIV MACAQUE MODEL FOR BREAST MILK TRANSMISSION OF HIV	284,210
R01DK034286–16	RABON, EDWIN C	TULANE UNIVERSITY OF LOUISIANA	GASTRIC ACID SECRETION: CATION BINDING IN H,K–ATPASE	188,931
R01DK039232–11	CARDELLI, JAMES A	LOUISIANA STATE UNIV HSC SHREVEPORT	REGULATION OF PHAGOCYTOSIS	179,990
R01DK041868–10	HWANG, DANIEL H	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY N 3 FATTY ACIDS AND EXPRESSION OF CYCLOOXYGENASE	185,627
R01DK042714–08S1	HORNBY, PAMELA J	LOUISIANA STATE UNIV HSC NEW ORLEANS	CNS AUTONOMIC PATHWAYS AND GASTROINTESTINAL FUNCTION	10,000
R01DK042714–09	HORNBY, PAMELA J	LOUISIANA STATE UNIV HSC NEW ORLEANS	CNS AUTONOMIC PATHWAYS AND GASTROINTESTINAL FUNCTION	177,080
R01DK043337–08	KAPUSTA, DANIEL R	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOIDS AND CENTRAL NEURAL REGULATION OF RENAL FUNCTION	142,501
R01DK044628–06	Inscho, Edward W.	TULANE UNIVERSITY OF LOUISIANA	PURINERGIC REGULATION OF THE RENAL MICROVASCULATURE	231,761
R01DK045278–08	York, David A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	ENTEROSTATIN REGULATION OF FAT INTAKE	213,473
R01DK045449–07	BARICOS, WILLIAM H	TULANE UNIVERSITY OF LOUISIANA	PA/PLASMIN/GELATINASE CASCADE IN DIABETIC NEPHROPATHY	208,020
R01DK046935–06	Lancaster, Jack R.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NITROGEN AND OXYGEN RADICAL INTERACTIONS IN SURGERY	193,177
R01DK047211–06	VEDECKIS, WAYNE V.	LOUISIANA STATE UNIV HSC NEW ORLEANS	REGULATION OF GLUCOCORTICOID RECEPTOR GENE EXPRESSION	175,335
R01DK047348–07	BERTHOUD, HANS–RUDOLF	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	AUTONOMIC REGULATION OF FOOD INTAKE AND METABOLISM	174,607
R01DK047663–06	GRISHAM, MATTHEW B	LOUISIANA STATE UNIV HSC SHREVEPORT	ADHESION MOLECULE EXPRESSION IN CHRONIC GUT INFLAMMATION	180,366
R01DK049703–05	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	CONTROL OF PEPTIDE HORMONE BIOSYNTHESIS BY PC2 AND 7B2	169,680
R01DK049703–05S1	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	CONTROL OF PEPTIDE HORMONE BIOSYNTHESIS BY PC2 AND 7B2	65,780
R01DK049703–05S2	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	CONTROL OF PEPTIDE HORMONE BIOSYNTHESIS BY PC2 AND 7B2	28,749
R01DK050736–04	LOVEJOY, JENNIFER C	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MENOPAUSE EFFECT ON OBESITY, ENERGY BALANCE AND INSULIN	221,244
R01DK051392–04	HAMMOND, TIMOTHY G	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF URINARY BLADDER ENDOSOMAL FUSION	226,264
R01DK052968–02	Stephens, Jacqueline M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	REGULATION AND ACTIVATION OF STATS IN ADIPOCYTES	176,467
R01DK053113–02	SMITH, BRENDA K	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	TASTE AND GENETIC MECHANISMS OF MACRONUTRIENT SELECTION	210,114
R01DK053697–04	CORREA, PELAYO	LOUISIANA STATE UNIV HSC NEW ORLEANS	HELICOBACTER INFECTION AND GROWTH OF CHILDREN	116,698
R01DK053903–02	Harris, Ruth B.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	LEPTIN AND PERIPHERAL GLUCOSE METABOLISM	178,683
R01DK054880–02	KASTIN, ABBA J	TULANE UNIVERSITY OF LOUISIANA	BLOOD/BRAIN BARRIER AND LEPTIN TRANSPORT IN OBESITY	318,730
R01DK054952–01A2	HAMM, L. LEE	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF CITRATE TRANSPORT	198,450
R01DK055626–01A2	AWAYDA, MOUHAMED S.	TULANE UNIVERSITY OF LOUISIANA	KINASE REGULATION OF THE EPITHELIAL NA CHANNEL	210,625
R01DK056264–01A1	El-Dahr, Samir S.	TULANE UNIVERSITY OF LOUISIANA	INDUCIBLE DYSPLASTIC NEPHROPATHY IN B2-DEFICENT MICE	267,300
R01DK057242–01	BERTHOUD, HANS–RUDOLF	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	FUNCTIONAL ORGANIZATION OF THE VAGAL–ENTERIC INTERFACE	191,743
R01DK057446–02	LOVEJOY, JENNIFER C	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	INTERNET-AIDED PREVENTION OF PREGNANCY-INDUCED OBESITY	226,282

R01DK057476–02	MARTIN, PAMELA D	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	PRIMARY CARE OFFICE MANAGEMENT OF OBESITY	190,358
R01DK058152–01	KOZAK, LESLIE P	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	GENETICS OF DEVELOPMENTAL PLASTICITY IN THE ADIPOCYTE	419,610
R01ES004344–10	BACKES, WAYNE L	LOUISIANA STATE UNIV HSC NEW ORLEANS	TOXICOLOGICAL SIGNIFICANCE OF ALKYLBENZENE METABOLISM	197,329
R01ES006766–07	Brody, Arnold R	TULANE UNIVERSITY OF LOUISIANA	GROWTH FACTORS IN ASBESTOS INDUCED PULMONARY FIBROSIS	246,479
R01ES007815–05	Deutsch, Walter A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	OXIDATIVE DNA DAMAGE AND THE ANALYSIS OF 8-OXOG REPAIR	239,906
R01ES008663–04	FRIEDMAN, MITCHELL	TULANE UNIVERSITY OF LOUISIANA	BIOCHEMICAL MECHANISM FOR OZONE PATHOLOGY	190,024
R01ES009158–04	PRUETT, STEPHEN B	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF IMMUNOTOXICITY OF CHEMICAL STRESSORS	113,432
R01ES009870–01A1	MEHENDALE, HARIHARA M	UNIVERSITY OF LOUISIANA AT MONROE	DIETARY RESTRICTION AND TOXICANT-INDUCED LIVER DISEASE	224,993
R01ES010046–01A1	LASKY, JOSEPH A	TULANE UNIVERSITY OF LOUISIANA	DISRUPTION OF PDGF SIGNAL TRANSDUCTION IN LUNG FIBROSIS	222,750
R01EY002672–22	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HERPES SIMPLEX	446,207
R01EY003311–21	KLYCE, STEPHEN D	LOUISIANA STATE UNIV HSC NEW ORLEANS	INTEGRATED ASSESSMENT OF CORNEAL FORM AND FUNCTION	254,318
R01EY004928–18	BAZAN, HAYDEE E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORNEAL LIPID METABOLISM AND RESPONSE TO INFLAMMATION	191,428
R01EY006311–14	HILL, JAMES M	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HSV—LATENCY, REACTIVATION, AND RECURRENCE	225,251
R01EY006635–14	BAZAN, HAYDEE E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELL SIGNAL TRANSDUCTION IN CORNEAL WOUND HEALING	216,772
R01EY007380–11A2	MENERAY, MICHELE A	LOUISIANA STATE UNIV HSC NEW ORLEANS	INTERACTIVE CELLULAR CONTROLS LACRIMAL GLAND FUNCTION	277,869
R01EY008871–10	HILL, JAMES M	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR PATHOGENESIS AND THERAPY OF BACTERIAL KERATITIS	286,084
R01EY010974–05	O'CALLAGHAN, RICHARD J	LOUISIANA STATE UNIV HSC NEW ORLEANS	STAPH KERATITIS—MECHANISMS/ARRESTING OF CORNEAL DAMAGE	249,898
R01EY011610–03	BURGOYNE, CLAUDE F	LOUISIANA STATE UNIV HSC NEW ORLEANS	IOP RELATED FORCE AND FAILURE IN THE OPTIC NERVE HEAD	274,018
R01EY012367–02	JACOB, JEAN T	LOUISIANA STATE UNIV HSC NEW ORLEANS	EPITHELIALIZATION OF TISSUE ENGINEERED CORNEAS	186,119
R01EY012416–02	BEUERMAN, ROGER W	LOUISIANA STATE UNIV HSC NEW ORLEANS	REGULATION OF PROTEIN SYNTHESIS IN THE LACRIMAL GLAND	220,278
R01EY012540–02	PALKAMA, ARTO K	LOUISIANA STATE UNIV HSC NEW ORLEANS	AQUEOUS OUTFLOW AND STRUCTURAL CORRELATIONS	332,155
R01EY012602–03	ALLIEGRO, MARK C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CONTROL OF VEGF STIMULATED ENDOTHELIAL PROLIFERATION	170,373
R01EY012701–01A1	CHANDRASEKHER, GUDISEVA	LOUISIANA STATE UNIV HSC NEW ORLEANS	GROWTH FACTOR RECEPTOR MEDITATED SIGNAL MECHANISMS LENS	174,794
R01EY012887–01	KHOOBEHI, BAHRAM	LOUISIANA STATE UNIV HSC NEW ORLEANS	RETINAL AND CHOROIDAL BLOOD FLOW IMAGING	213,024
R01EY012961–01	O'CALLAGHAN, RICHARD J	LOUISIANA STATE UNIV HSC NEW ORLEANS	MECHANISMS AND THERAPY OF BACTERIAL KERATITIS	284,555
R01GM020818–27	RHOADS, ROBERT E.	LOUISIANA STATE UNIV HSC SHREVEPORT	REGULATION OF EUKARYOTIC PROTEIN SYNTHESIS INITITATION	311,655
R01GM039844–09S1	WARNER, ISIAH M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	BIOANALYTICAL SEPARATIONS USING CHIRAL POLYMERS	18,277
R01GM039844–10	WARNER, ISIAH M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	BIOANALYTICAL SEPARATIONS USING CHIRAL POLYMERS	243,454
R01GM045668–08	DEININGER, Prescott L	TULANE UNIVERSITY OF LOUISIANA	HUMAN DIMORPHISMS BY SINE MASTER GENES	234,512
R01GM045842–08	Gross, David S.	LOUISIANA STATE UNIV HSC SHREVEPORT	STRUCTURE/REGULATION OF THE YEAST HSP90 GENES	161,768
R01GM047789–16	TATCHELL, Kelly G.	LOUISIANA STATE UNIV HSC SHREVEPORT	GENETIC ANALYSIS OF PROTEIN PHOSPHATASE I IN YEAST	192,414
R01GM051261–04	WALDROP, GROVER L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	CATALYTIC MECHANISM OF BIOTIN DEPENDENT ENZYMES	92,391
R01GM051521–07	WITT, STEPHEN N.	LOUISIANA STATE UNIV HSC SHREVEPORT	KINETICS AND MECHANISM OF THE HEAT SHOCK 70 PROTEIN DNAK	194,117
R01GM056526–04	LUSTIG, ARTHUR J.	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF TELOMERE DYNAMICS IN YEAST	228,650
R01GM056835–03	MCLAUGHLIN, MARK L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	PEPTIDES ACTIVE AGAINST INTRACELLULAR PATHOGENIC DISEASE	166,651
R01GM058843–02	LIMBACH, PATRICK A.	LOUISIANA STATE UNIV A&M COL BATON ROUGE	IDENTIFICATION OF MODIFIED NUCLEOSIDES IN RIBOSOMAL RNA	126,851
R01HD008431–25	KOZAK, LESLIE P	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MOLECULAR GENETICS OF THERMOGENESIS	302,854
R01HD035245–04	Muneoka, Ken	TULANE UNIVERSITY OF LOUISIANA	MSX GENES IN WOUND HEALING AND REGENERATION	152,788
R01HD036822–02	WANG, YU–PING	LOUISIANA STATE UNIV HSC SHREVEPORT	PLACENTAL FUNCTION IN PREECLAMPSIA	137,077
R01HD037811–01A1	GASSER, RAYMOND F	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN EMBRYO SECTIONS ON COMPUTER DISKS FOR EDUCATION	367,391

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01HD039104–01	WILLIAMSON, DONALD A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	INTERNET-BASED OBESITY PREVENTION FOR BLACK ADOLESCENTS	157,972
R01HG001499–04	SOPER, Steven A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	HIGH THROUGHPUT DNA SEQUENCING USING NANO–REACTORS	430,128
R01HG001777–03	LIMBACH, PATRICK A.	LOUISIANA STATE UNIV A&M COL BATON ROUGE	DNA SEQUENCING BY MASS SPECTROMETRIC METHODS	136,475
R01HL018426–26S1	Navar, L. Gabriel	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF RENAL HEMODYNAMICS	10,434
R01HL018426–27	Navar, L. Gabriel	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF RENAL HEMODYNAMICS	281,221
R01HL026371–19	Navar, L. Gabriel	TULANE UNIVERSITY OF LOUISIANA	RENAL FUNCTIONAL DERANGEMENTS IN HYPERTENSION	231,372
R01HL026371–19S1	Navar, L. Gabriel	TULANE UNIVERSITY OF LOUISIANA	RENAL FUNCTIONAL DERANGEMENTS IN HYPERTENSION	73,309
R01HL026441–20	GRANGER, D NEIL	LOUISIANA STATE UNIV HSC SHREVEPORT	TRANSCAPILLARY FLUID EXCHANGE	243,130
R01HL045670–08S1	BOUCHARD, CLAUDE	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	HERITAGE-GENETICS, RESPONSE TO EXERCISE, RISK FACTORS	284,054
R01HL045670–09	BOUCHARD, CLAUDE	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	HERITAGE-GENETICS, RESPONSE TO EXERCISE, RISK FACTORS	915,078
R01HL054797–07A1	KORTHUIS, RONALD J	LOUISIANA STATE UNIV HSC SHREVEPORT	PRECONDITIONING: PMN ADHESION AND MICROVASCULAR INJURY	290,000
R01HL056241–03	LEFEVRE, MICHAEL	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	EFFICACY OF DIET THERAPY IN SUBJECTS AT RISK FOR CHD	323,842
R01HL058409–04	AGRAWAL, KRISHNA C	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF HEMATOLOGIC ABNORMALITIES IN AIDS	274,486
R01HL058610–04	HOYLE, GARY W	TULANE UNIVERSITY OF LOUISIANA	PULMONARY FIBROSIS IN PDGF TRANSGENIC MICE	263,426
R01HL059699–03	IMIG, JOHN D	TULANE UNIVERSITY OF LOUISIANA	OXYGENASE METABOLITES AND RENAL VASCULAR ACTIVITY	92,972
R01HL059724–04	SHELLITO, JUDD E	LOUISIANA STATE UNIV HSC NEW ORLEANS	T LYMPHOCYTE SUBSETS AND HOST DEFENSE AGAINST P CARINII	335,478
R01HL059879–02	CLAYCOMB, WILLIAM C	LOUISIANA STATE UNIV HSC NEW ORLEANS	NOVEL GENE DISCOVERED IN THE HEART	206,942
R01HL060300–04	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	EPIDEMIOLOGY STUDIES OF DIETARY FIBER AND BLOOD PRESSURE	129,736
R01HL060532–04	Brody, Arnold R	TULANE UNIVERSITY OF LOUISIANA	EPITHELIAL GROWTH FACTORS IN ENVIRONMENTAL LUNG DISEASE	280,370
R01HL060849–02	LEFER, DAVID J	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF MYOCARDIAL REPERFUSION INJURY—DIABETES	176,994
R01HL061271–02	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NON CD4 HOST DEFENSE AGAINST P CARINII PNEUMONIA	73,902
R01HL061934–04	MORRIS, CINDY A	LOUISIANA STATE UNIV HSC NEW ORLEANS	MOLECULAR MECHANISM OF TAT INDUCED ANGIOGENESIS	214,500
R01HL062000–01A2	HYMAN, ALBERT L	TULANE UNIVERSITY OF LOUISIANA	CARDIOPULMONARY SURGERY RESEARCH	257,450
R01HL062052–03	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CD8 AND GAMMA/DELTA T CELLS IN P CARINII PNEUMONIA	250,250
R01HL062147–03	PANDEY, KAILASH N	TULANE UNIVERSITY OF LOUISIANA	ANP RECEPTOR GENE—TARGETING AND EXPRESSION	155,714
R01HL063128–01A2	AGRAWAL, KRISHNA C	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF CARDIOVASCULAR COMPLICATIONS IN AIDS	283,597
R01HL063195–02	TRAYANOVA, NATALIA A	TULANE UNIVERSITY OF LOUISIANA	CARDIAC TISSUE STRUCTURE IN THE DEFIBRILLATION PROCESS	147,940
R01HL064555–02	CLARKSON, CRAIG W	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR BASIS FOR DRUG INDUCED CARDIOTOXICITY IN AIDS	183,546
R01HL064577–02	JOHNSON, ROBERT A	TULANE UNIVERSITY OF LOUISIANA	HEMODYNAMIC ROLES OF ENDOGENEOUS CARBON MONOXIDE	166,277
R01MH051175–06	O'DONNELL, JAMES M	LOUISIANA STATE UNIV HSC SHREVEPORT	NEUROPSYCHOPHARMACOLOGY OF CYCLIC AMP PDE INHIBITORS	197,207
R01NS009626–30	LI, YU–TEH	TULANE UNIVERSITY OF LOUISIANA	GLYCOSIDASES AS RELATED TO SPHINGOLIPIDOSES	334,553
R01NS023002–15	BAZAN, NICOLAS G	LOUISIANA STATE UNIV HSC NEW ORLEANS	PHOSPHOLIPIDS AND ARACHIDONIC ACID AND EP	265,361
R01NS025134–11	HAYCOCK, JOHN W	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR REGULATION OF TYROSINE HYDROXYLASE	207,349
R01NS025987–12S1	PHELPS, CAROL J.	TULANE UNIVERSITY OF LOUISIANA	HYPOPHYSIOTROPIC NEURON DIFFERENTIATION—TARGET FEEDBACK	50,000
R01NS025987–13	PHELPS, CAROL J.	TULANE UNIVERSITY OF LOUISIANA	HYPOPHYSIOTROPIC NEURON DIFFERENTIATION—TARGET FEEDBACK	207,159
R01NS034926–04	TASKER, JEFFREY G	TULANE UNIVERSITY OF LOUISIANA	GLUTAMATE MODULATION OF HYPOTHALAMIC NEURONS	177,854
R01NS036936–03	ERICKSON, JEFFREY D	LOUISIANA STATE UNIV HSC NEW ORLEANS	VESICULAR TRANSPORTER SPECIFICITY	201,699
R01NS036936–03S1	ERICKSON, JEFFREY D	LOUISIANA STATE UNIV HSC NEW ORLEANS	VESICULAR TRANSPORTER SPECIFICITY	50,000

R01NS037070–03	ERZURUMLU, REHA S	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR MECHANISMS UNDERLYING PATTERN FORMATION	127,909
R01NS037963–03	CANAVIER, CARMEN C	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	FIRING PATTERN REGULATION IN MIDBRAIN DOPAMINE NEURONS	147,768
R01NS039050–01A1	ERZURUMLU, REHA S	LOUISIANA STATE UNIV HSC NEW ORLEANS	SOMATOSENSORY CORTICAL DEVELOPMENT AND PLASTICITY	167,305
R01NS039099–01A1	TASKER, JEFFREY G	TULANE UNIVERSITY OF LOUISIANA	HYPOTHALAMIC SYNCHRONIZATION BY LOCAL GLUTAMATE CIRCUITS	311,088
R01NS039458–01	MAGEE, JEFFERY C	LOUISIANA STATE UNIV HSC NEW ORLEANS	DENDRITIC INTEGRATION IN HIPPOCAMPAL PYRAMIDAL NEURONS	207,276
R03AG018034–01	CHERRY, KATIE E	LOUISIANA STATE UNIV A&M COL BATON ROUGE	PERCEPTIONS OF FORGETFULNESS IN ADULTHOOD	69,247
R03AG018187–01	Inscho, Edward W.	TULANE UNIVERSITY OF LOUISIANA	RENAL MICROVASCULAR FUNCTION IN AGED RATS	74,250
R03AG018600–01	REDDIX, RHODA A	LOUISIANA STATE UNIV HSC NEW ORLEANS	GLIAL CELL DERIVED NEUROTROPHIC FACTOR AND THE AGING GUT	71,500
R03AI042077–03	Malone, John B	LOUISIANA STATE UNIV A&M COL BATON ROUGE	GEOGRAPHIC INFORMATION SYSTEMS & SCHISTOSOMIASIS	72,787
R03CA081602–02	HAGENSEE, MICHAEL E	LOUISIANA STATE UNIV HSC NEW ORLEANS	NONINVASIVE DETECTION OF ANTIBODIES AGAINST HPV	65,284
R03CA083050–02	YU, HERBERT H	LOUISIANA STATE UNIV HSC SHREVEPORT	ESTROGEN AND INSULIN LIKE GROWTH FACTORS IN BREAST CANCE	71,195
R03CA083095–02	CORREA, PELAYO	LOUISIANA STATE UNIV HSC NEW ORLEANS	HOST RESPONSE TO HELICOBACTER PYLORI INFECTION	66,985
R03CA083632–02	ESPINOZA–DELGADO, IGOR	LOUISIANA STATE UNIV HSC NEW ORLEANS	TRIAL OF BRYOSTATIN/IL–2 TO ENHANCE ANTIGEN PRESENTATION	71,474
R03CA086378–01	HAGENSEE, MICHAEL E	LOUISIANA STATE UNIV HSC NEW ORLEANS	DEVELOPMENT OF A URINE PCR ASSAY FOR HPV DNA DETECTION	69,350
R03CA088135–01	SU, L. J	LOUISIANA STATE UNIV HSC NEW ORLEANS	DIETARY SURVEY INSTRUMENT DEVELOPMENT FOR AN ETHNIC MINO	71,210
R03DA012547–01A1	ROERIG, SANDRA C	LOUISIANA STATE UNIV HSC SHREVEPORT	SPINAL NITRIC OXIDE IN CHRONIC INFLAMMATORY PAIN	69,978
R03DA013421–01	LAHOSTE, GERALD J	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	GAP JUNCTIONS AND DOPAMINE PLASTICITY	71,000
R03DA013546–01	HUANG, TIEN L	XAVIER UNIVERSITY OF LOUISIANA	NOVEL ANTI-PCP AGENTS WITH NEUROPROTECTIVE PROPERTIES	69,975
R03DC003609–03	OETTING, JANNA B	LOUISIANA STATE UNIV A&M COL BATON ROUGE	SLI WITHIN THE CONTEXT OF DIALECT DIVERSITY	55,926
R03DE012944–02	DEE, KAY C	TULANE UNIVERSITY OF LOUISIANA	ADHESION/GROWTH-PROMOTING PROACTIVE DENTAL BIOMATERIALS	36,473
R03DK054971–03	ABDEL–MAGEED, ASIM B	TULANE UNIVERSITY OF LOUISIANA	METALLOTHIONEIN AND PROSTATE TUMORIGENESIS	73,992
R03MH061944–01	NORTHUP, JOHN A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	STAR PROGRAM: EARLY & PREVENTIVE INTERVENTION OF ADHD	73,500
R13GM061083–01	MOUDGIL, GIRISH C	TULANE UNIVERSITY OF LOUISIANA	ALLERGY, IMMUNOLOGY, AND ANESTHETIC ACTION	3,000
R15AI047297–01	ENNIS, D G	UNIVERSITY OF LOUISIANA AT LAFAYETTE	ANALYSIS OF DNA REPAIR AND SOS REGULATION IN BRUCELLA	117,628
R18AI033449–06	FREY, DANIEL J	LOUISIANA ORGAN PROCUREMENT AGENCY	ENHANCING DONOR REGISTRY TO INCREASE DONATION	282,669
R21AR047796–01	PROCKOP, DARWIN J	TULANE UNIVERSITY OF LOUISIANA	EXPANSION OF STEM CELLS FOR SKELETAL TISSUES	74,250
R21CA078693–02	EHRLICH, MELANIE	TULANE UNIVERSITY OF LOUISIANA	PROGENITOR COLONY RT–PCR ANALYSIS IN CML TREATMENT	148,421
R21CA082618–02	NATHAN, CHERIE–ANN O	LOUISIANA STATE UNIV HSC SHREVEPORT	MOLECULAR ANALYSIS OF SURGICAL MARGINS WITH EIF4E IN CAN	122,714
R21CA083198–01A1	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	T CELL SIGNAL TRANSDUCTION TO MONITOR HPV VACCINES	141,426
R21CA084095–01	HYMAN, LINDA E	TULANE UNIVERSITY OF LOUISIANA	ELONGIN C: FUNCTION AND ROLE IN VHL DISEASE	148,500
R21CA091785–01	MATHIS, J MICHAEL	LOUISIANA STATE UNIV HSC SHREVEPORT	ROLE OF CYSTATIN M IN BREAST TUMOR PROGRESSION	99,863
R24CA084625–01	SOPER, Steven A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MICRO-INSTRUMENT PLATFORMS FOR GENETIC-BASED ANALYSES	591,505
R24DA007970–08	KOMISKEY, HAROLD L	XAVIER UNIVERSITY OF LOUISIANA	MIDARP AT XAVIER UNIVERSITY OF LOUISIANA	393,470
R24HL060808–03	STRONG, JACK P	LOUISIANA STATE UNIV HSC NEW ORLEANS	PDAY CARDIOVASCULAR SPECIMEN AND DATA LIBRARY	124,343
R24RR012545–02	BASKIN, GARY B	TULANE UNIVERSITY OF LOUISIANA	ANIMAL MODEL FOR GENE THERAPY OF INHERITED DISORDERS	503,804
R25CA047877–13	LOPEZ–S, ALFREDO	LOUISIANA STATE UNIV HSC NEW ORLEANS	SHORT RESEARCH EXPERIENCES IN CANCER	63,123
R25GM051773–03A1	HIMAYA, M A	GRAMBLING STATE UNIVERSITY	PARTNERSHIP FOR MINORITY ACCESS TO BACCALAUREATE DEGREES	468,130
R25MH058560–03	SAXENA, KRISHAN M	GRAMBLING STATE UNIVERSITY	NIMH HONORS MINORITY HIGH SCHOOL PROGRAM AT GSU	26,001
R29AI039023–05	HOYLE, GARY W	TULANE UNIVERSITY OF LOUISIANA	NEUROGENIC INFLAMMATION IN ASTHMA AND OZONE LUNG INJURY	110,151
R29CA069148–05	DE BENEDETTI, ARRIGO	LOUISIANA STATE UNIV HSC SHREVEPORT	PROTO-ONCOGENE EIF–4E IN BREAST CANCER	101,454

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R29CA076186–03	MEYERS, SHARI L	LOUISIANA STATE UNIV HSC SHREVEPORT	MOLECULAR MECHANISM OF TRANSFORMATION BY AML1/ETO	100,955
R29DC003280–02S1	Garcia, Meredith M.	TULANE UNIVERSITY OF LOUISIANA	PROTEIN KINASE C IN CENTRAL AUDITORY PLASTICITY	20,000
R29DC003280–03	Garcia, Meredith M.	TULANE UNIVERSITY OF LOUISIANA	PROTEIN KINASE C IN CENTRAL AUDITORY PLASTICITY	98,502
R29DK052148–04	KALOGERIS, THEODORE J	LOUISIANA STATE UNIV HSC SHREVEPORT	NEUROHORMONAL CONTROL OF INTESTINAL APOLIPOPROTEIN A IV	100,588
R29ES007856–05	MORRIS, GILBERT F	TULANE UNIVERSITY OF LOUISIANA	P53 IN ASBESTOS INDUCED LUNG DISEASE	113,433
R29ES009055–03	MILLER, CHARLES A	TULANE UNIVERSITY OF LOUISIANA	ARYL HYDROCARBON RECEPTOR STRUCTURE AND INTERACTIONS	87,585
R29EY012204–03	GLEASON, EVANNA L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	METABOTROPIC GLUTAMATE RECEPTORS ON AMACRINE CELLS	96,588
R29HD036310–05	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	ONTOGENY OF THE NEONATAL MACAQUE IMMUNE SYSTEM	115,261
R29HD036421–04	KUBISCH, HANS M	TULANE UNIVERSITY OF LOUISIANA	MARKER ASSISTED SELECTION OF BOVINE BLASTOCYSTS	57,093
R29HL051306–05	MAJID, DEWAN S	TULANE UNIVERSITY OF LOUISIANA	NITRIC OXIDE AND MEDIATING PRESSURE NATRIURESIS	116,625
R29HL058806–04	CRUMB, WILLIAM J	TULANE UNIVERSITY OF LOUISIANA	CHARACTERIZATION ION CURRENT IN PEDIATRIC HUMAN ATRIA A	84,322
R29MH055654–04	FRICK, PAUL J	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	CALLOUS/UNEMOTIONAL TRAITS AND CONDUCT PROBLEMS	95,780
R29NS033671–05	ELMSLIE, KEITH S	TULANE UNIVERSITY OF LOUISIANA	CALCIUM CHANNELS IN SYMPATHETIC NEURONS	106,366
R29NS035865–04	MAGEE, JEFFERY C	LOUISIANA STATE UNIV HSC NEW ORLEANS	DENDRITIC K+ AND IH CHANNELS IN HIPPOCAMPAL NEURONS	104,280
R37AG006168–15	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR AGING IN A YEAST MODEL SYSTEM	411,022
R37AG006168–15S1	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR AGING IN A YEAST MODEL SYSTEM	5,000
R37AG006168–15S2	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR AGING IN A YEAST MODEL SYSTEM	120,640
R37DK032089–19	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY OBESITY	293,153
R37DK036013–14	ORLANDO, ROY C	TULANE UNIVERSITY OF LOUISIANA	ESOPHAGEAL CYTOPROTECTION—AGENTS AND MECHANISMS	202,749
R37EY002580–20S2	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORNEAL PRESERVATION AND KERATOPLASTY	165,943
R37MH051853–07	MCCANN, SAMUEL M	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MECHANISM OF ACTION OF CYTOKINES ON BRAIN AND PITUITARY	290,105
R42CA083756–03	Pincus, Seth H.	NORION DIAGNOSTIC INNOVATIONS, INC.	HIV INFECTIVITY TEST FOR ANTIVIRAL SUSCEPTIBILITY	245,461
R43AI042464–01A2	LO, WAI–CHUN J	ANOMERIC, INC.	RAPID SCREENING OF MICROBES IN URINE	100,000
R43DC004378–01	JUNEAU, ROGER P	SOFTEAR TECHNOLOGIES, LLC	BENEFITS OF A SOFT–SOLID HEARING INSTRUMENT	99,237
R43GM061508–01	SINHA, SUDHIR K	RELIAGENE TECHNOLOGIES, INC.	DIMORPHIC ALU REPEATS–APPLICATION IN IDENTITY TESTING	100,000
R43NS038358–01A2	NARDUCY, KENNETH W	ST CHARLES PHARMACEUTICALS	DEVELOPMENT OF ANALGESICS WITH FEWER SIDE EFFECTS	99,999
R44CA083552–02	MORGAN, LEE R	DEKK–TEC, INC.	ISOPHOSPHORAMIDE MUSTARD—A PHASE 1 STUDY	225,894
R44CA085021–01	MORGAN, LEE R	DEKK–TEC, INC.	DERIVATIVES OF DEMETHYLPENCLOMEDINE: ANTICANCER AGENTS	126,956
S06GM004531–11	IFEANYI, FELIX I	GRAMBLING STATE UNIVERSITY	MBRS SCORE PROGRAM AT GRAMBLING STATE UNIVERSITY	83,072
S06GM004531–11S1	IFEANYI, FELIX I	GRAMBLING STATE UNIVERSITY	MBRS SCORE PROGRAM AT GRAMBLING STATE UNIVERSITY	112,668
S06GM008008–29	STEVENS, CHERYL L	XAVIER UNIVERSITY OF LOUISIANA	MBRS SCORE PROGRAM AT XAVIER UNIVERSITY	587,409
S11ES009996–02	BLAKE, ROBERT C	XAVIER UNIVERSITY OF LOUISIANA	ALTERATION OF GENE REGULATION BY ENVIRONMENTAL COMPOUNDS	1,103,872
S11ES010018–02	MUGANDA, PERPETUA M	SOUTHERN UNIV A&M COL BATON ROUGE	CELLULAR & MOLECULAR TOXICOLOGY OF BUTADIENE	880,496
T32AA007577–02	BAGBY, GREGORY J	LOUISIANA STATE UNIV HSC NEW ORLEANS	BIOMEDICAL ALCOHOL RESEARCH TRAINING PROGRAM	186,499
T32CA065436–04	JAFFE, BERNARD M	TULANE UNIVERSITY OF LOUISIANA	RESEARCH TRAINING IN SURGICAL ONCOLOGY (T32)	35,288
T32DA007311–02	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	STRESS AND THE NEUROBIOLOGY OF DRUG AND ALCOHOL DEPENDE	260,724
T34GM007716–22	BIRDWHISTELL, TERESA	XAVIER UNIVERSITY OF LOUISIANA	MARC UNDERGRADUATE STUDENT TRAINING IN ACADEMIC RESEARCH	512,916
T34GM008714–03	HIMAYA, M A	GRAMBLING STATE UNIVERSITY	U STAR PROGRAM FOR MARC AT GRAMBLING STATE UNIVERSITY	169,093

T34MH017102–18	SAXENA, KRISHAN M	GRAMBLING STATE UNIVERSITY	NIMH COR HONORS UNDERGRADUATE PROGRAM AT GSU	78,921
U01AI032913–09	VAN DYKE, RUSSELL B	TULANE UNIVERSITY OF LOUISIANA	TULANE/LSU PEDIATRIC AIDS CLINICAL TRIALS UNIT	869,072
U01AI038844–04S1	Lertora, Juan J. L.	TULANE UNIVERSITY OF LOUISIANA	AIDS CLINICAL TRIALS UNIT	656,013
U01AI042178–08S2	BESCH, CERYL L	TULANE UNIVERSITY OF LOUISIANA	LOUISIANA COMMUNITY AIDS RESEARCH PROGRAM	201,108
U01AI042178–09	MUSHATT, DAVID M	TULANE UNIVERSITY OF LOUISIANA	LOUISIANA COMMUNITY AIDS RESEARCH PROGRAM (CPCRA)	734,999
U01CA083014–02	ZAKRIS, ELLEN L	TULANE UNIVERSITY OF LOUISIANA	TULANE AIDS–ASSOCIATED MALIGNANCY CONSORTIUM	146,641
U01DK046636–06S1	HENDRICKS, JAMES B	CHILDREN'S HOSPITAL (NEW ORLEANS)	DIABETES PREVENTION TRIAL–IDDM (DPT–1)	32,167
U01DK048377–07	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	NIDDM PRIMARY PREVENTION TRIAL (DPT 2)	647,180
U01DK056990–02	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Clinical Center for Look AHEAD: Health in Diabetes	864,842
U01HD031315–07	WILSON, JOHN T	LOUISIANA STATE UNIV HSC SHREVEPORT	PEDIATRIC PHARMACOLOGY RESEARCH UNIT	299,009
U01HD032844–06	ABDALIAN, SUE E	TULANE UNIVERSITY OF LOUISIANA	ADOLESCENT MEDICINE HIV/AIDS RESEARCH NETWORK	178,365
U01HL038844–14	BERENSON, GERALD S.	TULANE UNIVERSITY OF LOUISIANA	EARLY NATURAL HISTORY OF ARTERIOSCLEROSIS	1,153,179
U01HL057190–04	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY PATTERNS, SODIUM INTAKE AND BLOOD PRESSURE	169,185
U01HL060571–03	HARSHA, DAVID W	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	PREMIER—LIFESTYLE INTERVENE FOR BLOOD PRESSURE CONTRL	594,383
U01HL066855–01	Webber, Larry S.	TULANE UNIVERSITY OF LOUISIANA	TRIAL OF ACTIVITY FOR ADOLESCENT GIRLS (TAAG)	504,822
U10CA035272–17	KARDINAL, CARL G	OCHSNER CLINIC FOUNDATION	OCHSNER COMMUNITY CLINICAL ONCOLOGY PROGRAM	531,345
U10CA058658–08	MILLS, GLENN M	LOUISIANA STATE UNIV HSC SHREVEPORT	SOUTHWEST ONCOLOGY GROUP	244,025
U10CA063845–06S3	VEITH, ROBERT W	LOUISIANA STATE UNIV HSC NEW ORLEANS	LSUMC MINORITY–BASED COMMUNITY CLINICAL ONCOLOGY PROGRAM	160,768
U10CA063845–06S4	VEITH, ROBERT W	LOUISIANA STATE UNIV HSC NEW ORLEANS	LSUMC MINORITY–BASED COMMUNITY CLINICAL ONCOLOGY PROGRAM	94,893
U10CA063845–06S5	VEITH, ROBERT W	LOUISIANA STATE UNIV HSC NEW ORLEANS	LSUMC MINORITY–BASED COMMUNITY CLINICAL ONCOLOGY PROGRAM	77,070
U19AI045511–02	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	AFRICAN MALARIA VECTORS	592,666
U42RR003583–14S1	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	ESTABLISHMENT OF A CHIMPANZEE BREEDING/RESEARCH PROGRAM	335,000
U42RR009895–05S2	DRUILHET, ROBERT E	UNIVERSITY OF LOUISIANA AT LAFAYETTE	DEVELOPMENT OF A SPF PIGTAIL MACAQUE BREEDING COLONY	412,500
U42RR015087–01	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	ESTABLISHMENT/MAINTENANCE OF BIOMEDICAL RESEARCH COLONY	820,281
U45ES010664–01	WRIGHT, BEVERLY H	XAVIER UNIVERSITY OF LOUISIANA	WORKER HEALTH AND SAFETY TRAINING COOPERATIVE AGREEMENT	955,608
TOTAL FY 2000				78,633,407
FISCAL YEAR 2001				
D43TW001086–03	MATHER, FRANCES J	TULANE UNIVERSITY OF LOUISIANA	INTERNATIONAL TRAINING IN MEDICAL INFORMATICS	149,371
D43TW001142–03	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	ACTIONS FOR BUILDING CAPACITY	100,000
F06TW005588–01	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	Vector ecology of urban malaria in Africa	29,700
F31DA005907–03	HORNER, KRISTEN A	TULANE UNIVERSITY OF LOUISIANA	CHANGES IN ENDOMORPHINS DURING OPIATE TOLERANCE	20,585
F31DA005926–03	BRADLEY, AMY L	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	SYNTHESIS AND DEVELOPMENT OF NEW COCAINE MEDICATIONS	23,099
F31DA005948–03	CZAPLA, MARC A	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN AND CARDIORESPIRATORY CONTROL	21,892
F31DA005968–03	SMITH, REBECCA R	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN PLASTICITY IN CHRONIC PAIN MODELS	35,818
F31DA006040–02	GREENWELL, THOMAS N	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN–NEUROIMMUNE INTERACTIONS	21,431
F31DA014155–01	BANNER, EDITH J	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	Total Synthesis of Novel Decahydroquinolines	22,271
F31DC005116–01	MCINVALE, ANDREW C	TULANE UNIVERSITY OF LOUISIANA	PSD Proteins: Functional Morphology at Auditory Synapses	21,500
F31GM019387–04	HAMILTON, KIMBERLY Y	LOUISIANA STATE UNIV A&M COL BATON ROUGE	CHIRAL SELECTOR IN CAPILLARY ELECTROPHORESIS	22,650

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
F31GM019876–03	BURSE, JEANINE R	TULANE UNIVERSITY OF LOUISIANA	PAST AND PRESENT BIOINDICATION OF RIVER POLLUTION	15,274
F31GM019876–03S1	BURSE, JEANINE R	TULANE UNIVERSITY OF LOUISIANA	PAST AND PRESENT BIOINDICATION OF RIVER POLLUTION	5,575
F31GM020437–03	CEDILLO, BERTHA M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	DEVELOPMENT OF A CHIRAL SELECTOR SYSTEM	24,737
F31GM020686–02	ROBINSON, TERI L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	DENDRIMERS/POLYMERIC SURFACTANTS IN CHIRAL SEPARATIONS	27,013
F31GM020915–01A1	GUTIERREZ, YANIRA I	TULANE UNIVERSITY OF LOUISIANA	PI3K–Mediated Hypoxia Survival Signaling Pathways	24,470
F31HL068296–01	ANDERSON, KIMBERLY M	TULANE UNIVERSITY OF LOUISIANA	Studies of a novel A and B blood group cleaving enzyme	19,000
F31MH012816–01A1	SANTUZZI, ALECIA M	TULANE UNIVERSITY OF LOUISIANA	PREDOCTORAL FELLOWSHIP PROGRAM (DISABILITY)	21,080
F32DA014162–01	DANIEL, JILL M	LOUISIANA STATE UNIV HSC NEW ORLEANS	Effects of Estrogen and Cannabinoids on Learning	33,260
F32DK009931–03	ROSS, DONNA M	LOUISIANA STATE UNIV HSC SHREVEPORT	RENAL CAPILLARY FAILURE IN DIABETIC NEPHROPATHY	40,196
F32DK010151–01	WHITE, CHRISTY L	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	LEPTIN RESPONSIVENESS IN A DIETARY MODEL OF OBESITY	43,772
F32EY013651–01	MARQUART, MARY E	LOUISIANA STATE UNIV HSC NEW ORLEANS	Pseudomonas proteases as ocular virulence factors	41,996
G08LM007108–01A1	PERNOTTO, DENNIS A	LOUISIANA STATE UNIV HSC SHREVEPORT	USING A LOUISIANA NETWORK TO TRAIN/SEARCH NLM DATABASES	49,489
G11HD034961–04	ISLAND, GLENDA J	GRAMBLING STATE UNIVERSITY	GSU RESEARCH INFRASTRUCTURE—PHASE II	81,148
G20RR016930–01	BLANCHARD, JAMES L	TULANE UNIVERSITY OF LOUISIANA	BLDG D RENOV–ANIMAL RESOURCES IMPROVEMENTS	699,950
K01CA078318–03	HEMENWAY, CHARLES S	TULANE UNIVERSITY OF LOUISIANA	BMI1 INTERACTING PROTEINS IN NEOPLASTIC TRANSFORMATION	136,197
K01ES000358–01A1	HUNT, JAY D	LOUISIANA STATE UNIV HSC NEW ORLEANS	Mutation and Environmental Exposures	101,962
K01GM000707–02	CHETTY, KOTHAPA N	GRAMBLING STATE UNIVERSITY	HYPERCHOLESTEROLEMIA AND REPERFUSION INJURY	23,390
K02DA000204–09	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOID PEPTIDE PROCESSING ENZYMES	115,525
K02DK002605–03	KAPUSTA, DANIEL R	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOIDS AND CENTRAL NEURAL REGULATION OF RENAL FUNCTION	100,440
K02MH000967–08	HAYCOCK, JOHN W	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN TYROSINE HYDROXYLASE AND SCHIZOPHRENIA	109,220
K08AI001438–06	CHANG, WUN–LING	LOUISIANA STATE UNIV HSC SHREVEPORT	CD4 + T CELL REGULATION—EFFECTOR CELLS IN BLASTOMYCOSIS	118,800
K08AI001467–04	MASON, ANDREW L	OCHSNER CLINIC FOUNDATION	RETROVIRAL ETIOLOGY OF PRIMARY BILIARY CIRRHOSIS	118,800
K08AI049790–02	PARADA, NEREIDA A	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF IL–2 RECEPTOR BY THE CD4 LIGAND IL–16	110,700
K08MH001706–04	SCHEERINGA, MICHAEL S	TULANE UNIVERSITY OF LOUISIANA	TRAUMATIZED YOUNG CHILDREN—RISK FOR MALADAPTATION	153,733
K22ES011025–01	DUGAS, TAMMY R	LOUISIANA STATE UNIV HSC SHREVEPORT	COX–2 Mediated Vascular Toxicity of Methylenedianiline	106,080
K22HD001339–01	DONZE, DAVID	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ANALYSIS OF CHROMOSOMAL INSULATOR/BOUNDARY ELEMENTS	133,960
K23DC000135–05	FOUNDAS, ANNE L	TULANE UNIVERSITY OF LOUISIANA	NEUROBIOLOGIC SUBSTRATES OF STUTTERING	74,925
K30HL004521–02	FRIEDMAN, MITCHELL	TULANE UNIVERSITY OF LOUISIANA	CLINICAL RESEARCH CURRICULUM AWARD	200,000
M01RR005096–12	WHELTON, PAUL K	TULANE UNIVERSITY OF LOUISIANA	GENERAL CLINICAL RESEARCH CENTER	2,378,343
P01DK043785–10S1	GRANGER, D NEIL	LOUISIANA STATE UNIV HSC SHREVEPORT	PATHOPHYSIOLOGY OF INTESTINAL ISCHEMIA/REPERFUSION	201,214
P20RR016456–01	WISCHUSEN, EVERETT W	LOUISIANA STATE UNIV A&M COL BATON ROUGE	Louisana Biomedical Research Network	1,928,797
P30EY002377–23	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORE GRANT FOR VISION RESEARCH	490,104
P50AA009803–08	NELSON, STEVE	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, HIV INFECTION AND HOST DEFENSE	1,733,863
P50AA009803–08S1	NELSON, STEVE	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, HIV INFECTION AND HOST DEFENSE	95,126
P51RR000164–40	WHELTON, PAUL K	TULANE UNIVERSITY OF LOUISIANA	REGIONAL PRIMATE RESEARCH CENTER	5,984,645
R01AA009505–06	PRUETT, STEPHEN B	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF IMMUNOSUPPRESSION BY ONE DOSE OF ETHANOL	175,929
R01AA009876–07	WOLCOTT, ROBERT M	LOUISIANA STATE UNIV HSC SHREVEPORT	FETAL ALCOHOL EFFECTS AND IMMUNE DEVELOPMENT	211,762
R01AA010384–06A1	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, IMMUNOSUPPRESSION, AND TACE	286,000

R01AA011224–05	GILES, THOMAS D	LOUISIANA STATE UNIV HSC NEW ORLEANS	MODERATE ALCOHOL USE—CARDIOVASCULAR RISKS AND BENEFITS	243,652
R01AA011760–05	MASON, CAROL M	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, TB AND AIDS	184,376
R01AA012865–01	KASTIN, ABBA J	TULANE UNIVERSITY OF LOUISIANA	PEPTIDES AND ALCOHOL INTERACT AT THE BLOOD–BRAIN BARRIER	214,000
R01AG016592–02	BERENSON, GERALD S.	TULANE UNIVERSITY OF LOUISIANA	EVOLUTION OF CARDIOVASCULAR RISK WITH NORMAL AGING	713,391
R01AG017887–02	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	NUTRITIONAL AND METABOLIC MECHANISMS OF AGING	336,000
R01AG017981–02	MCLAUGHLIN, MARK L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	BETA-SHEET MIMICS FROM CONSTRAINED DIPEPTIDE UNITS	182,340
R01AG017983–02	HAMMER, ROBERT P	LOUISIANA STATE UNIV A&M COL BATON ROUGE	INHIBITION OF FIBRILLOGENESIS WITH B–STRAND MIMICS	291,180
R01AG018031–01A1	LUKIW, WALTER J	LOUISIANA STATE UNIV HSC NEW ORLEANS	Gene Expression in Alzheimer's Disease	237,738
R01AG018239–02	GEISELMAN, PAULA J	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	OBESITY PREVENTION AFTER SMOKING CESSATION IN MENOPAUSE	183,749
R01AG018648–02	VANLANDINGHAM, MARK J	TULANE UNIVERSITY OF LOUISIANA	SOCIO-DEMOGRAPHIC IMPACT OF AIDS ON OLDER PERSONS	111,375
R01AG018648–02S1	VANLANDINGHAM, MARK J	TULANE UNIVERSITY OF LOUISIANA	SOCIO-DEMOGRAPHIC IMPACT OF AIDS ON OLDER PERSONS	55,688
R01AG018869–01	SUITOR, JILL J	LOUISIANA STATE UNIV A&M COL BATON ROUGE	PARENT-ADULT CHILD RELATIONS: WITHIN FAMILY DIFFERENCES	545,893
R01AG018869–01S1	SUITOR, JILL J	LOUISIANA STATE UNIV A&M COL BATON ROUGE	PARENT-ADULT CHILD RELATIONS: WITHIN FAMILY DIFFERENCES	29,106
R01AI022001–17	O'CALLAGHAN, DENNIS J	LOUISIANA STATE UNIV HSC SHREVEPORT	NUCLEIC ACIDS OF HERPES VIRUS INFECTED CELLS	336,305
R01AI024030–14	Robinson, JAMES E	TULANE UNIVERSITY OF LOUISIANA	HIV–1 Neutralizing Human MAbs	309,163
R01AI031567–07	CHERVENAK, ROBERT P	LOUISIANA STATE UNIV HSC SHREVEPORT	DEVELOPMENTAL BIOLOGY OF T CELL PRECURSORS	183,440
R01AI032556–07	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	MUCOSAL CELL MEDIATED IMMUNITY IN VAGINAL CANDIDIASIS	214,500
R01AI033325–10	KHAN, IMTIAZ A	LOUISIANA STATE UNIV HSC NEW ORLEANS	LONG TERM IMMUNITY AGAINST TOXOPLASMOSIS	258,541
R01AI040667–06	VAN DER HEYDE, HENRI C	LOUISIANA STATE UNIV HSC SHREVEPORT	Cell adhesion molecules in cerebral malaria.	253,750
R01AI040690–03	QUAYLE, ALISON J.	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN DEFENSIN–5 IN FEMALE GENITAL TRACT IMMUNE DEFENSE	142,804
R01AI042146–03	MUGGERIDGE, MARTIN I	LOUISIANA STATE UNIV HSC SHREVEPORT	ROLES OF HSV2 MEMBRANE PROTEINS IN MEMBRANE FUSION	180,021
R01AI042400–02	DAVISON, BILLIE B	TULANE UNIVERSITY OF LOUISIANA	A RHESUS MONKEY MODEL OF MALARIA IN PREGNANCY	454,121
R01AI042777–04	CLEMENTS, JOHN D	TULANE UNIVERSITY OF LOUISIANA	MECHANISM OF CHOLERA TOXIN AND E COLI LT ADJUVANTICITY	201,345
R01AI043000–03	KOUSOULAS, KONSTANTIN GUS	LOUISIANA STATE UNIV A&M COL BATON ROUGE	GENETICS & FUNCTIONS OF HSV1 GK IN VIRUS ENTRY & EGRESS	289,052
R01AI043693–05	KHAN, IMTIAZ A	LOUISIANA STATE UNIV HSC NEW ORLEANS	ENCEPHALITOZOAN CUNICULI—HOST IMMUNITY AND PATHOGENESIS	221,460
R01AI045041–03	HURLBURT, BARRY K	U.S. AGRICULTURE RESEARCH SERVICE–MIDSOU	MECHANISMS OF VIRULENCE GENE REGULATION IN S. AUREUS	180,762
R01AI045151–02	FREYTAG, LUCIA C	TULANE UNIVERSITY OF LOUISIANA	MUCOSAL IMMUNIZATION—PREVENTION OF SYSTEMIC CANDIDIASIS	222,750
R01AI045725–02	GILLIS, THOMAS P	NATIONAL HANSEN'S DISEASE PROGRAM	DEVELOP AND EVALUATE NEW LEPROSY AND TB VACCINES	113,583
R01AI046275–03	Robinson, JAMES E	TULANE UNIVERSITY OF LOUISIANA	RHESUS MABS FROM SHIV INFECTED MACAQUES	227,232
R01AI049080–01A1	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	Mechanisms of CD4 Depletion and Proliferation in SIV	400,000
R01AI049139–01A1	OBERHELMAN, RICHARD A	TULANE UNIVERSITY OF LOUISIANA	Diagnostics for AIDS–Related Pediatric TB, Peru	266,110
R01AI049976–01	PHILIPP, MARIO T	TULANE UNIVERSITY OF LOUISIANA	'Lyme disease: A possible test for cure	152,000
R01AR045982–04	ALA–KOKKA, LEENA M	TULANE UNIVERSITY OF LOUISIANA	MUTATIONS CAUSING DISC DISEASE AND SCIATICA	281,321
R01AR046976–03	KIMPEL, DONALD L	LOUISIANA STATE UNIV HSC SHREVEPORT	NOVEL IMAGING TECHNOLOGIES FOR RHEUMATOID ARTHRITIS	290,000
R01AR048323–01	PROCKOP, DARWIN J	TULANE UNIVERSITY OF LOUISIANA	Osteoprogenitors for Potential Therapy of OI	371,250
R01CA054152–09S1	HILL, STEVEN M	TULANE UNIVERSITY OF LOUISIANA	NEUROENDOCRINE INFLUENCES ON MAMMARY CANCER	37,431
R01CA065600–05	JETER, JAMES R	TULANE UNIVERSITY OF LOUISIANA	CARCINOGENESIS AND LOSS OF DIFFERENTIATION CONTROL	178,547
R01CA067372–07	SIXBEY, JOHN W.	LOUISIANA STATE UNIV HSC SHREVEPORT	Epstein Barr Virus Induced Genomic Instability	326,250
R01CA075613–03	HWANG, DANIEL H	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	CYCLOOXYGENASE AND TUMORIGENESIS	191,184
R01CA078335–03	GNARRA, JAMES R	LOUISIANA STATE UNIV HSC NEW ORLEANS	HGF/SF SIGNALING BY THE VHL TUMOR SUPPRESSOR	214,314

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01CA078335–03S1	GNARRA, JAMES R	LOUISIANA STATE UNIV HSC NEW ORLEANS	HGF/SF SIGNALING BY THE VHL TUMOR SUPPRESSOR	72,221
R01CA080149–03	MATHIS, J MICHAEL	LOUISIANA STATE UNIV HSC SHREVEPORT	ADENOVIRUS BASED P53 GENE THERAPY FOR OVARIAN CANCER	111,193
R01CA081125–03	SCHWARZENBERGER, PAUL O	LOUISIANA STATE UNIV HSC NEW ORLEANS	IL–17 AND HEMATOPOIESIS	139,863
R01CA081506–02	EHRLICH, MELANIE	TULANE UNIVERSITY OF LOUISIANA	DNA HYPOMETHYLATION AND CANCER	251,510
R01CA082689–03	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	INDUCTION OF ANERGY AND ALTERED SIGNAL TRANSDUCTION	207,865
R01CA083823–02	Levy, Laura S.	TULANE UNIVERSITY OF LOUISIANA	SELECTIVE FORCES OPERATIVE IN FELV INFECTION	248,883
R01CA085693–02	HARRISON, LYNN	LOUISIANA STATE UNIV HSC SHREVEPORT	DNA REPAIR OF MULTIPLY DAMAGED SITES IN CELLS	195,750
R01CA088885–01	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	IMMUNE DYSFUNCTION AND IMMUNOTHERAPY OF RENAL CANCER	288,024
R01CA089057–01A1	LI, LI	OCHSNER CLINIC FOUNDATION	Stromal Cell Molecules Required for Lymphoma Generation	166,250
R01CA089121–01A1	Dash, Srikanta A.	TULANE UNIVERSITY OF LOUISIANA	Hepatitis C Virus and Hepatocellular Carcinoma	233,888
R01CA095783–01	JONES, FRANK E	TULANE UNIVERSITY OF LOUISIANA	ErbB4 signaling in the normal and neoplastic breast	234,226
R01DA005084–14	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOID PEPTIDE SYNTHESIZING ENZYMES	180,316
R01DA006013–09	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	ENVIRONMENTAL INFLUENCES ON COCAINE SELF ADMINISTRATION	213,738
R01DA009820–06	GLOWA, JOHN R	LOUISIANA STATE UNIV HSC SHREVEPORT	DETERMINANTS OF DRUG EFFECTS ON DRUG MAINTAINED BEHAVIOR	387,962
R01DA011417–03	Moerschbaecher, Joseph M.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CANNABINOID ABUSE EFFECTS ON LEARNING AND MEMORY	194,804
R01DA011417–03S1	Moerschbaecher, Joseph M.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CANNABINOID ABUSE EFFECTS ON LEARNING AND MEMORY	31,460
R01DA011528–05	TRUDELL, MARK L	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	SYNTHESIS OF POTENTIAL COCAINE ABUSE THERAPEUTICS	257,932
R01DA011939–02	Harlan, Richard E	TULANE UNIVERSITY OF LOUISIANA	THALAMOSTRIATAL MECHANISMS OF MORPHINE ACTION	174,238
R01DA012267–03	HARRISON, MURELLE G	SOUTHERN UNIV A&M COL BATON ROUGE	PREVENTING SUBSTANCE USE IN RURAL AFRICAN–AMERICAN YOUTH	598,668
R01DA012267–03S1	HARRISON, MURELLE G	SOUTHERN UNIV A&M COL BATON ROUGE	PREVENTING SUBSTANCE USE IN RURAL AFRICAN–AMERICAN YOUTH	13,825
R01DA012427–02	WINSAUER, PETER J	LOUISIANA STATE UNIV HSC NEW ORLEANS	COCAINE SELF-ADMINSTRATION: EFFECTS ON LEARNING	97,643
R01DA012703–03	TRUDELL, MARK L	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	NOVEL NICOTINIC RECEPTOR MEDIATED THERAPEUTIC AGENTS	285,517
R01DA013463–01A1	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	Role for the HPA Axis in Methamphetamine Reinforcement	310,794
R01DA013470–01A1	STEKETEE, JEFFERY D	LOUISIANA STATE UNIV HSC SHREVEPORT	Medial Prefrontal Cortex and Cocaine Sensitization	53,717
R01DA013899–01A1	MORSE, EDWARD V	TULANE UNIVERSITY OF LOUISIANA	Risk Reduction for Young African American IDUs	562,493
R01DC003679–03	Hood, Linda Jean	LOUISIANA STATE UNIV HSC NEW ORLEANS	AUDITORY GENETIC STUDIES OF HEREDITARY HEARING LOSS	207,374
R01DC003792–03	CAPRIO, JOHN T	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ENCODING OF BIOLOGICALLY RELEVANT ODOR SIGNALS	319,975
R01DC003896–03	Ricci, Anthony J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ENDOGENOUS FACTORS REGULATING TRANSDUCER ADAPTATION	166,126
R01DC004196–03	Keats, Bronya J.	LOUISIANA STATE UNIV HSC NEW ORLEANS	ID OF THE MOUSE DEAFNESS (DN) GENE ON CHROMOSOME 19	224,047
R01DE008911–10	WISE, GARY E	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MOLECULAR BASIS OF TOOTH ERUPTION	173,814
R01DE012178–04	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	ORAL IMMUNE DYSFUNCTION AND CANDIDIASIS IN HIV INFECTION	
R01DE012178–04S1	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	ORAL IMMUNE DYSFUNCTION AND CANDIDIASIS IN HIV INFECTION	108,940
R01DE012178–04S2	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	ORAL IMMUNE DYSFUNCTION AND CANDIDIASIS IN HIV INFECTION	26,240
R01DE012329–03	CHEN, YIPING	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR MECHANISMS OF VERTEBRATE TOOTH INITIATION	180,242
R01DE012916–03	AMEDEE, ANGELA M	LOUISIANA STATE UNIV HSC NEW ORLEANS	SIV MACAQUE MODEL FOR BREAST MILK TRANSMISSION OF HIV	317,085
R01DK039232–12	CARDELLI, JAMES A	LOUISIANA STATE UNIV HSC SHREVEPORT	REGULATION OF PHAGOCYTOSIS	185,261
R01DK041279–09A2	GLASS, JONATHAN D	LOUISIANA STATE UNIV HSC SHREVEPORT	Molecular Mechanisms of Intestinal Iron Transport	246,500
R01DK041868–11	HWANG, DANIEL H	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY N 3 FATTY ACIDS AND EXPRESSION OF CYCLOOXYGENASE	191,169

R01DK042714–10	HORNBY, PAMELA J	LOUISIANA STATE UNIV HSC NEW ORLEANS	CNS AUTONOMIC PATHWAYS AND GASTROINTESTINAL FUNCTION	182,394
R01DK043337–09	KAPUSTA, DANIEL R	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOIDS AND CENTRAL NEURAL REGULATION OF RENAL FUNCTION	146,731
R01DK044510–08	AW, TAK Y	LOUISIANA STATE UNIV HSC SHREVEPORT	Glutathione redox control of intestinal cell responses	261,000
R01DK045278–09	York, David A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	ENTEROSTATIN REGULATION OF FAT INTAKE	321,528
R01DK046935–07	Lancaster, Jack R.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NITROGEN AND OXYGEN RADICAL INTERACTIONS IN SURGERY	198,912
R01DK046935–07S1	Lancaster, Jack R.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NITROGEN AND OXYGEN RADICAL INTERACTIONS IN SURGERY	36,886
R01DK047211–07	VEDECKIS, WAYNE V.	LOUISIANA STATE UNIV HSC NEW ORLEANS	REGULATION OF GLUCOCORTICOID RECEPTOR GENE EXPRESSION	180,596
R01DK047348–08	BERTHOUD, HANS–RUDOLF	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	AUTONOMIC REGULATION OF FOOD INTAKE AND METABOLISM	179,844
R01DK047663–07	GRISHAM, MATTHEW B	LOUISIANA STATE UNIV HSC SHREVEPORT	ADHESION MOLECULE EXPRESSION IN CHRONIC GUT INFLAMMATION	177,703
R01DK048055–06A2	MCCARTHY, KEVIN J.	LOUISIANA STATE UNIV HSC SHREVEPORT	Proteoglycans in Diabetic Nephropathy	290,000
R01DK049703–05S3	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	CONTROL OF PEPTIDE HORMONE BIOSYNTHESIS BY PC2 AND 7B2	71,500
R01DK052968–03	Stephens, Jacqueline M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	REGULATION AND ACTIVATION OF STATS IN ADIPOCYTES	185,448
R01DK053113–03	SMITH, BRENDA K	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	TASTE AND GENETIC MECHANISMS OF MACRONUTRIENT SELECTION	216,418
R01DK053697–04S1	CORREA, PELAYO	LOUISIANA STATE UNIV HSC NEW ORLEANS	HELICOBACTER INFECTION AND GROWTH OF CHILDREN	25,000
R01DK053697–05	CORREA, PELAYO	LOUISIANA STATE UNIV HSC NEW ORLEANS	HELICOBACTER INFECTION AND GROWTH OF CHILDREN	46,225
R01DK053981–04	GETTYS, THOMAS W	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MECHANISMS OF UCP REGULATION BY LEPTIN	198,992
R01DK054880–03	KASTIN, ABBA J	TULANE UNIVERSITY OF LOUISIANA	BLOOD/BRAIN BARRIER AND LEPTIN TRANSPORT IN OBESITY	321,158
R01DK054952–02	HAMM, L. LEE	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF CITRATE TRANSPORT	198,450
R01DK055626–02	AWAYDA, MOUHAMED S.	TULANE UNIVERSITY OF LOUISIANA	KINASE REGULATION OF THE EPITHELIAL NA CHANNEL	222,750
R01DK056132–01A2	SMITH, BRET N	TULANE UNIVERSITY OF LOUISIANA	Neural Circuitry in the Caudal Solitary Complex	297,750
R01DK056264–02	El-Dahr, Samir S.	TULANE UNIVERSITY OF LOUISIANA	INDUCIBLE DYSPLASTIC NEPHROPATHY IN B2-DEFICENT MICE	267,300
R01DK057242–02	BERTHOUD, HANS–RUDOLF	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	FUNCTIONAL ORGANIZATION OF THE VAGAL–ENTERIC INTERFACE	209,153
R01DK057446–03	LOVEJOY, JENNIFER C	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	INTERNET–AIDED PREVENTION OF PREGNANCY–INDUCED OBESITY	141,699
R01DK057476–03	MARTIN, PAMELA D	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	PRIMARY CARE OFFICE MANAGEMENT OF OBESITY	186,088
R01DK058152–02	KOZAK, LESLIE P	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	GENETICS OF DEVELOPMENTAL PLASTICITY IN THE ADIPOCYTE	432,199
R01DK058499–01A1	AGRAWAL, KRISHNA C	TULANE UNIVERSITY OF LOUISIANA	Protease Inhibitor Related Adipogenesis in HIV Infection	282,150
R01DK060412–01	RAVUSSIN, ERIC	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Fat Cell Size, Muscle Lipid and Insulin Resistance	613,281
R01ES006766–08	Brody, Arnold R	TULANE UNIVERSITY OF LOUISIANA	GROWTH FACTORS IN ASBESTOS INDUCED PULMONARY FIBROSIS	250,931
R01ES008663–05	FRIEDMAN, MITCHELL	TULANE UNIVERSITY OF LOUISIANA	BIOCHEMICAL MECHANISM FOR OZONE PATHOLOGY	193,757
R01ES009158–05	PRUETT, STEPHEN B	LOUISIANA STATE UNIV HSC SHREVEPORT	Mechanisms of Immunotoxcity of Chemical Stressors	205,350
R01ES009870–02	MEHENDALE, HARIHARA M	UNIVERSITY OF LOUISIANA AT MONROE	DIETARY RESTRICTION AND TOXICANT–INDUCED LIVER DISEASE	248,832
R01ES010046–02	LASKY, JOSEPH A	TULANE UNIVERSITY OF LOUISIANA	DISRUPTION OF PDGF SIGNAL TRANSDUCTION IN LUNG FIBROSIS	222,750
R01EY002672–23	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HERPES SIMPLEX VIRUS	346,750
R01EY003311–22	KLYCE, STEPHEN D	LOUISIANA STATE UNIV HSC NEW ORLEANS	INTEGRATED ASSESSMENT OF CORNEAL FORM AND FUNCTION	259,731
R01EY004928–19	BAZAN, HAYDEE E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORNEAL LIPID METABOLISM AND RESPONSE TO INFLAMMATION	197,171
R01EY005121–17A1	BAZAN, NICOLAS G	LOUISIANA STATE UNIV HSC NEW ORLEANS	RPE Messengers, Transcription and Photoreceptor Renewal	250,250
R01EY006311–15	HILL, JAMES M	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HSV—LATENCY, REACTIVATION, AND RECURRENCE	121,399
R01EY006311–16	HILL, JAMES M	LOUISIANA STATE UNIV HSC NEW ORLEANS	Ocular HSV—Latency, Reactivation, and Recurrence	160,875
R01EY006635–15	BAZAN, HAYDEE E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELL SIGNAL TRANSDUCTION IN CORNEAL WOUND HEALING	223,276
R01EY007380–12	MENERAY, MICHELE A	LOUISIANA STATE UNIV HSC NEW ORLEANS	INTERACTIVE CELLULAR CONTROLS LACRIMAL GLAND FUNCTIONAL	286,000

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01EY008871–11	HILL, JAMES M	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR PATHOGENESIS AND THERAPY OF BACTERIAL KERATITIS	301,534
R01EY010974–06	O'CALLAGHAN, RICHARD J	LOUISIANA STATE UNIV HSC NEW ORLEANS	STAPH KERATITIS—MECHANISMS/ARRESTING OF CORNEAL DAMAGE	257,394
R01EY011610–04	BURGOYNE, CLAUDE F	LOUISIANA STATE UNIV HSC NEW ORLEANS	IOP RELATED FORCE AND FAILURE IN THE OPTIC NERVE HEAD	328,054
R01EY012367–03	JACOB, JEAN T	LOUISIANA STATE UNIV HSC NEW ORLEANS	EPITHELIALIZATION OF TISSUE ENGINEERED CORNEAS	503,786
R01EY012416–03	BEUERMAN, ROGER W	LOUISIANA STATE UNIV HSC NEW ORLEANS	REGULATION OF PROTEIN SYNTHESIS IN THE LACRIMAL GLAND	218,284
R01EY012540–03	PALKAMA, ARTO K	LOUISIANA STATE UNIV HSC NEW ORLEANS	AQUEOUS OUTFLOW AND STRUCTURAL CORRELATIONS	337,419
R01EY012701–02	CHANDRASEKHER, GUDISEVA	LOUISIANA STATE UNIV HSC NEW ORLEANS	GROWTH FACTOR RECEPTOR MEDITATED SIGNAL MECHANISMS LENS	175,955
R01EY012716–01A2	GUIDO, WILLIAM	LOUISIANA STATE UNIV HSC NEW ORLEANS	FUNCTIONAL STATE OF DEVELOPING RETINOGENICULATE SYNAPSE	204,137
R01EY012887–02	KHOOBEHI, BAHRAM	LOUISIANA STATE UNIV HSC NEW ORLEANS	RETINAL AND CHOROIDAL BLOOD FLOW IMAGING	223,146
R01EY012961–02	O'CALLAGHAN, RICHARD J	LOUISIANA STATE UNIV HSC NEW ORLEANS	MECHANISMS AND THERAPY OF BACTERIAL KERATITIS	286,000
R01GM020818–27S1	RHOADS, ROBERT E.	LOUISIANA STATE UNIV HSC SHREVEPORT	REGULATION OF EUKARYOTIC PROTEIN SYNTHESIS INITITATION	94,237
R01GM039844–11	WARNER, ISIAH M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	Bioanalytical Separation Using Chiral Polymers	351,000
R01GM039844–11S1	WARNER, ISIAH M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	Bioanalytical Separation Using Chiral Polymers	15,817
R01GM045668–09	DEININGER, Prescott L	TULANE UNIVERSITY OF LOUISIANA	HUMAN DIMORPHISMS BY SINE MASTER GENES	241,319
R01GM047789–17	TATCHELL, Kelly G.	LOUISIANA STATE UNIV HSC SHREVEPORT	GENETIC ANALYSIS OF PROTEIN PHOSPHATASE 1 IN YEAST	279,098
R01GM048045–10	FLEMINGTON, ERIK K.	TULANE UNIVERSITY OF LOUISIANA	EBV BZLF1 GENE PRODUCT	239,669
R01GM051261–05	WALDROP, GROVER L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	CATALYTIC MECHANISM OF BIOTIN DEPENDENT ENZYMES	95,162
R01GM051521–08	WITT, STEPHEN N.	LOUISIANA STATE UNIV HSC SHREVEPORT	KINETICS AND MECHANISM OF THE HEAT SHOCK 70 PROTEIN DNAK	199,697
R01GM055420–11	NEWCOMER, MARCIA E.	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ENZYMATIC ACTIVATION OF LIPOPHILIC SIGNALING MOLECULES	71,473
R01GM056835–04	MCLAUGHLIN, MARK L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	PEPTIDES ACTIVE AGAINST INTRACELLULAR PATHOGENIC DISEASE	171,443
R01GM058843–03	LIMBACH, PATRICK A.	LOUISIANA STATE UNIV A&M COL BATON ROUGE	IDENTIFICATION OF MODIFIED NUCLEOSIDES IN RIBOSOMAL RNA	130,415
R01GM059663–01A2	WITTUNG–STAFSHEDE, PERNILLA E	TULANE UNIVERSITY OF LOUISIANA	COFACTOR ROLE IN BETA-SHEET PROTEIN FOLDING	157,180
R01GM060000–01A2	WIMLEY, WILLIAM C	TULANE UNIVERSITY OF LOUISIANA	Folding and design of beta sheets in membranes	173,500
R01GM061915–01A1	STRONGIN, ROBERT M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	Synthesis and Study of Novel Sensing Agents	183,750
R01HD008431–26	KOZAK, LESLIE P	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MOLECULAR GENETICS OF THERMOGENESIS	311,940
R01HD036822–03	WANG, YU–PING	LOUISIANA STATE UNIV HSC SHREVEPORT	PLACENTAL FUNCTION IN PREECLAMPSIA	141,187
R01HD037811–02	GASSER, RAYMOND F	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN EMBRYO SECTIONS ON COMPUTER DISKS FOR EDUCATION	244,821
R01HD039104–02	WILLIAMSON, DONALD A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	INTERNET–BASED OBESITY PREVENTION FOR BLACK ADOLESCENTS	158,490
R01HG001499–05	SOPER, Steven A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	HIGH THROUGHPUT DNA SEQUENCING USING NANO-REACTORS	393,493
R01HG001499–05S1	SOPER, Steven A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	HIGH THROUGHPUT DNA SEQUENCING USING NANO-REACTORS	31,605
R01HL026371–20	Navar, L. Gabriel	TULANE UNIVERSITY OF LOUISIANA	RENAL FUNCTIONAL DERANGEMENTS IN HYPERTENSION	327,703
R01HL026441–21	GRANGER, D NEIL	LOUISIANA STATE UNIV HSC SHREVEPORT	TRANSCAPILLARY FLUID EXCHANGE	249,045
R01HL045670–10	BOUCHARD, CLAUDE	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	HERITAGE–GENETICS, RESPONSE TO EXERCISE, RISK FACTORS–3	723,661
R01HL054797–08	KORTHUIS, RONALD J	LOUISIANA STATE UNIV HSC SHREVEPORT	PRECONDITIONING: PMN ADHESION AND MICROVASCULAR INJURY	290,000
R01HL059699–04	IMIG, JOHN D	TULANE UNIVERSITY OF LOUISIANA	OXYGENASE METABOLITES AND RENAL VASCULAR ACTIVITY	27,519
R01HL059699–05	IMIG, JOHN D	TULANE UNIVERSITY OF LOUISIANA	OXYGENASE METABOLITES AND RENAL VASCULAR ACTIVITY	69,000
R01HL059724–05	SHELLITO, JUDD E	LOUISIANA STATE UNIV HSC NEW ORLEANS	T LYMPHOCYTE SUBSETS AND HOST DEFENSE AGAINST P CARINII	357,165
R01HL059879–03	CLAYCOMB, WILLIAM C	LOUISIANA STATE UNIV HSC NEW ORLEANS	NOVEL GENE DISCOVERED IN THE HEART	213,150

R01HL060300–05	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	EPIDEMIOLOGY STUDIES OF DIETARY FIBER AND BLOOD PRESSURE	104,421
R01HL060532–05	Brody, Arnold R	TULANE UNIVERSITY OF LOUISIANA	EPITHELIAL GROWTH FACTORS IN ENVIRONMENTAL LUNG DISEASE	285,524
R01HL060849–03	LEFER, DAVID J	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF MYOCARDIAL REPERFUSION INJURY--DIABETES	180,586
R01HL061271–03	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NON CD4 HOST DEFENSE AGAINST P CARINII PNEUMONIA	76,076
R01HL061934–05	MORRIS, CINDY A	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR MECHANISM OF TAT INDUCED ANGIOGENESIS	222,750
R01HL062000–01A2S1	HYMAN, ALBERT L	TULANE UNIVERSITY OF LOUISIANA	CARDIOPULMONARY SURGERY RESEARCH	43,065
R01HL062000–02	HYMAN, ALBERT L	TULANE UNIVERSITY OF LOUISIANA	CARDIOPULMONARY SURGERY RESEARCH	302,940
R01HL062052–03S1	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CD8 AND GAMMA/DELTA T CELLS IN P CARINII PNEUMONIA	4,976
R01HL062052–04	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CD8 AND GAMMA/DELTA T CELLS IN P CARINII PNEUMONIA	255,226
R01HL062052–04S1	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CD8 AND GAMMA/DELTA T CELLS IN P CARINII PNEUMONIA	4,976
R01HL062147–04	PANDEY, KAILASH N	TULANE UNIVERSITY OF LOUISIANA	ANP RECEPTOR GENE--TARGETING AND EXPRESSION	160,386
R01HL063128–02	AGRAWAL, KRISHNA C	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF CARDIOVASCULAR COMPLICATIONS IN AIDS	291,666
R01HL063195–03	TRAYANOVA, NATALIA A	TULANE UNIVERSITY OF LOUISIANA	CARDIAC TISSUE STRUCTURE IN THE DEFIBRILLATION PROCESS	165,539
R01HL063778–01A1	LASKY, JOSEPH A	TULANE UNIVERSITY OF LOUISIANA	CTGF IN LUNG FIBROGENESIS	253,813
R01HL064555–03	CLARKSON, CRAIG W	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR BASIS FOR DRUG INDUCED CARDIOTOXICITY IN AIDS	189,054
R01HL064577–03	JOHNSON, ROBERT A	TULANE UNIVERSITY OF LOUISIANA	HEMODYNAMIC ROLES OF ENDOGENEOUS CARBON MONOXIDE	167,296
R01HL065997–01	WANG, YU–PING	LOUISIANA STATE UNIV HSC SHREVEPORT	ENDOTHELIAL BARRIER FUNCTION IN PREECLAMPSIA	242,500
R01HL066158–01A1	VEHASKARI, V M	LOUISIANA STATE UNIV HSC NEW ORLEANS	Prenatal and Perinatal Programming of Adult Hypertension	239,500
R01HL066432–01A1	MAJID, DEWAN S	TULANE UNIVERSITY OF LOUISIANA	Superoxide and nitric Oxide Interactions in the Kidney	247,750
R01NS009626–31	LI, YU–TEH	TULANE UNIVERSITY OF LOUISIANA	GLYCOSIDASES AS RELATED TO SPHINGOLIPIDOSES	344,502
R01NS009626–31S1	LI, YU–TEH	TULANE UNIVERSITY OF LOUISIANA	GLYCOSIDASES AS RELATED TO SPHINGOLIPIDOSES	27,716
R01NS025134–12	HAYCOCK, JOHN W	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR REGULATION OF TYROSINE HYDROXYLASE	214,604
R01NS025987–14	PHELPS, CAROL J.	TULANE UNIVERSITY OF LOUISIANA	HYPOPHYSIOTROPIC NEURON DIFFERENTIATION--TARGET FEEDBACK	213,375
R01NS035370–09A1	DUNN, ADRIAN J	LOUISIANA STATE UNIV HSC SHREVEPORT	Cytokine Action on the CNS	283,070
R01NS036936–04	ERICKSON, JEFFREY D	LOUISIANA STATE UNIV HSC NEW ORLEANS	VESICULAR TRANSPORTER SPECIFICITY	207,749
R01NS037070–04	ERZURUMLU, REHA S	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR MECHANISMS UNDERLYING PATTERN FORMATION	131,747
R01NS039033–01A2	PHINNEY, DONALD G	TULANE UNIVERSITY OF LOUISIANA	Marrow stromal cells for Lysosomal Disease CNS Defects	259,875
R01NS039050–02	ERZURUMLU, REHA S	LOUISIANA STATE UNIV HSC NEW ORLEANS	SOMATOSENSORY CORTICAL DEVELOPMENT AND PLASTICITY	143,000
R01NS039099–02	TASKER, JEFFREY G	TULANE UNIVERSITY OF LOUISIANA	HYPOTHALAMIC SYNCHRONIZATION BY LOCAL GLUTAMATE CIRCUITS	259,875
R01NS039458–02	MAGEE, JEFFERY C	LOUISIANA STATE UNIV HSC NEW ORLEANS	DENDRITIC INTEGRATION IN HIPPOCAMPAL PYRAMIDAL NEURONS	142,062
R01NS040373–01A1	ARIMURA, AKIRA A	TULANE UNIVERSITY OF LOUISIANA	Neuroprotection by PACAP in Stroke	371,250
R01NS044000–01	BASTIAN, FRANK O	TULANE UNIVERSITY OF LOUISIANA	Spiroplasma 16S rDNA in TSE Brain Tissues	181,745
R03AG019058–01	MEHENDALE, HARIHARA M	UNIVERSITY OF LOUISIANA AT MONROE	AGING AND RESILIENCY TO LIVER TOXICITY	66,844
R03AI043873–03	Pincus, Seth H.	CHILDREN'S HOSPITAL (NEW ORLEANS)	ROLE OF MURINE LEUKEMIA VIRUS IN AUTOIMMUNITY	70,000
R03CA083096–01A1	JOHNSON, ERIC S	TULANE UNIVERSITY OF LOUISIANA	POSSIBLE OF ROLE OF AVIAN RETROVIRUSES IN HUMAN CANCER	71,513
R03CA086378–02	HAGENSEE, MICHAEL E	LOUISIANA STATE UNIV HSC NEW ORLEANS	DEVELOPMENT OF A URINE PCR ASSAY FOR HPV DNA DETECTION	71,500
R03CA088135–02	SU, L. J	LOUISIANA STATE UNIV HSC NEW ORLEANS	DIETARY SURVEY INSTRUMENT DEVELOPMENT FOR AN ETHNIC MINO	69,695
R03DA012547–02	ROERIG, SANDRA C	LOUISIANA STATE UNIV HSC SHREVEPORT	SPINAL NITRIC OXIDE IN CHRONIC INFLAMMATORY PAIN	71,037
R03DA013421–02	LAHOSTE, GERALD J	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	GAP JUNCTIONS AND DOPAMINE PLASTICITY	71,000
R03DA013546–02	HUANG, TIEN L	XAVIER UNIVERSITY OF LOUISIANA	NOVEL ANTI–PCP AGENTS WITH NEUROPROTECTIVE PROPERTIES	69,975

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R03DA013647–01A1	SMAGIN, GENNADY N	LOUISIANA STATE UNIV HSC SHREVEPORT	NEUROCHEMISTRY OF COCAINE REINFORCEMENT	71,571
R03HD041052–01	SCHMIDT–SOMMERFELD, EBERHARD	LOUISIANA STATE UNIV HSC NEW ORLEANS	PARENTERAL MEDIUM CHAIN TRIGLYCERIDES IN THE PREMATURE	71,500
R03MH061944–02	NORTHUP, JOHN A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	STAR PROGRAM: EARLY & PREVENTIVE INTERVENTION OF ADHD	73,500
R03MH063814–01	SCARAMELLA, LAURA V	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	PARENTING AND TEMPERAMENT RECIPROCITIES IN TODDLERHOOD	71,000
R03MH064587–01	ULLER, CLAUDIA	UNIVERSITY OF LOUISIANA AT LAFAYETTE	MENTAL STATE ATTRIBUTION IN INFANCY	66,720
R13ES011296–01	MCLACHLAN, JOHN A.	TULANE UNIVERSITY OF LOUISIANA CONFERENCE	E.HORMONE 2001	10,000
R15CA086833–01A1	SYLVESTER, PAUL W	UNIVERSITY OF LOUISIANA AT MONROE	ANTIPROLIFERATIVE & APOPTOTIC MECHANISMS OF TOCOTRIENOLS	124,500
R18AI033449–07	FREY, DANIEL J	LOUISIANA ORGAN PROCUREMENT AGENCY	ENHANCING DONOR REGISTRY TO INCREASE DONATION	263,035
R21AR047796–02	PROCKOP, DARWIN J	TULANE UNIVERSITY OF LOUISIANA	EXPANSION OF STEM CELLS FOR SKELETAL TISSUES	74,250
R21CA083198–02	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	T CELL SIGNAL TRANSDUCTION TO MONITOR HPV VACCINES	143,000
R21CA084095–02	HYMAN, LINDA E	TULANE UNIVERSITY OF LOUISIANA	ELONGIN C: FUNCTION AND ROLE IN VHL DISEASE	148,500
R21CA091785–02	KEPPLER, DANIEL	LOUISIANA STATE UNIV HSC SHREVEPORT	ROLE OF CYSTATIN M IN BREAST TUMOR PROGRESSION	106,120
R21DC004994–01	BOBBIN, RICHARD P	LOUISIANA STATE UNIV HSC NEW ORLEANS	DRUG MANIPULATION OF NOISE-INDUCED HEARING LOSS	143,000
R21DK057390–01A1	HORNBY, PAMELA J	LOUISIANA STATE UNIV HSC NEW ORLEANS	VAGAL GASTRIC MOTOR CONTROL IN MICE	143,000
R21NS043974–01	EHRLICH, MELANIE	TULANE UNIVERSITY OF LOUISIANA	FSHD SYNDROME—DNA REPEATS, METHYLATION, AND CHROMATIN	185,625
R21RR015016–02	MURRAY, KERMIT K	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MADLI MASS SPECTROMETRY FOR MICROFLUIDIC CHIP DETECTION	99,440
R24CA084625–02	SOPER, STEVEN A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MICRO-INSTRUMENT PLATFORMS FOR GENETIC-BASED ANALYSES	548,672
R24DA007970–09	KOMISKEY, HAROLD L	XAVIER UNIVERSITY OF LOUISIANA	MIDARP AT XAVIER UNIVERSITY OF LOUISIANA	406,111
R24HL060808–04	STRONG, JACK P	LOUISIANA STATE UNIV HSC NEW ORLEANS	PDAY CARDIOVASCULAR SPECIMEN AND DATA LIBRARY	128,074
R24RR012545–03	BASKIN, GARY B	TULANE UNIVERSITY OF LOUISIANA	ANIMAL MODEL FOR GENE THERAPY OF INHERITED DISORDERS	517,001
R25CA047877–14	LOPEZ S, ALFREDO	LOUISIANA STATE UNIV HSC NEW ORLEANS	SHORT RESEARCH EXPERIENCES IN CANCER	63,347
R25MH058560–04	SAXENA, KRISHAN M	GRAMBLING STATE UNIVERSITY	NIMH HONORS MINORITY HIGH SCHOOL PROGRAM AT GSU	26,001
R29CA076186–04	MEYERS, SHARI L	LOUISIANA STATE UNIV HSC SHREVEPORT	MOLECULAR MECHANISM OF TRANSFORMATION BY AML1/ETO	101,500
R29DC003280–04	GARCIA, MEREDITH M	TULANE UNIVERSITY OF LOUISIANA	PROTEIN KINASE C IN CENTRAL AUDITORY PLASTICITY	100,289
R29DK050151–06	LI, MING	TULANE UNIVERSITY OF LOUISIANA	LVA CALCIUM CHANNEL AND PANCREATIC B CELL DEATH	112,174
R29DK052148–05	KALOGERIS, THEODORE J	LOUISIANA STATE UNIV HSC SHREVEPORT	NEUROHORMONAL CONTROL OF INTESTINAL APOLIPOPROTEIN A IV	99,757
R29ES009055–04	MILLER, CHARLES A	TULANE UNIVERSITY OF LOUISIANA	ARYL HYDROCARBON RECEPTOR STRUCTURE AND INTERACTIONS	91,084
R29EY012204–04	GLEASON, EVANNA L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	METABOTROPIC GLUTAMATE RECEPTORS ON AMACRINE CELLS	99,732
R29HD036310–06	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	ONTOGENY OF THE NEONATAL MACAQUE IMMUNE SYSTEM	118,718
R29HD036421–05	KUBISCH, HANS M	TULANE UNIVERSITY OF LOUISIANA	MARKER ASSISTED SELECTION OF BOVINE BLASTOCYSTS	133,523
R29MH055654–05	FRICK, PAUL J	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	CALLOUS/UNEMOTIONAL TRAITS AND CONDUCT PROBLEMS	86,984
R29NS035865–05	MAGEE, JEFFERY C	LOUISIANA STATE UNIV HSC NEW ORLEANS	DENDRITIC K+ AND IH CHANNELS IN HIPPOCAMPAL NEURONS	106,678
R37AG006168–16	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR AGING IN A YEAST MODEL SYSTEM	410,300
R37DK032089–20	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY OBESITY	300,943
R37DK036013–15	ORLANDO, ROY C	TULANE UNIVERSITY OF LOUISIANA	ESOPHAGEAL CYTOPROTECTION-AGENTS AND MECHANISMS	208,830
R37MH051853–08	MCCANN, SAMUEL M	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MECHANISM OF ACTION OF CYTOKINES ON BRAIN AND PITUITARY	290,105
R41AG018196–01A1	NARDUCY, KENNETH W	ST CHARLES PHARMACEUTICALS	ANALGESICS FOR CHRONIC PAIN TREATMENT IN THE ELDERLY	100,000
R42CA083756–04	PINCUS, SETH H.	NORION DIAGNOSTIC INNOVATIONS, INC.	HIV INFECTIVITY TEST FOR ANTIVIRAL SUSCEPTIBILITY	141,987

R43CA089772–01	MORGAN, LEE R	DEKK–TEC, INC.	A–007: IMMUNE MODULATION OF HPV—CERVICAL CANCER	191,517
R43CA090123–01	GOTTLIEB, MARISE S	ENDEAVOR CORPORATION	DNA BASED SENSITIVE ASSAY FOR LYMPOID MALIGNANCIES	122,123
R44CA083552–03	MORGAN, LEE R	DEKK–TEC, INC.	ISOPHOSPHORAMIDE MUSTARD—A PHASE 1 STUDY	338,965
R44CA085021–02	MORGAN, LEE R	DEKK–TEC, INC.	DERIVATIVES OF DEMETHYLPENCLOMEDINE: ANTICANCER AGENTS	359,498
S06GM004531–12	IFEANYI, FELIX I	GRAMBLING STATE UNIVERSITY	MBRS SCORE PROGRAM AT GRAMBLING STATE UNIVERSITY	149,473
S06GM008008–30	STEVENS, CHERYL L	XAVIER UNIVERSITY OF LOUISIANA	MBRS SCORE PROGRAM AT XAVIER UNIVERSITY	570,861
S06GM008008–30S1	STEVENS, CHERYL L	XAVIER UNIVERSITY OF LOUISIANA	MBRS SCORE RESEARCH AT XAVIER UNIVERSITY	476,904
S06GM008025–28A1	CHRISTIAN, FRED A	SOUTHERN UNIV A&M COL BATON ROUGE	MBRS SCORE PROGRAM AT SOUTHERN UNIVERSITY-BATON ROUGE	55,505
S11ES009996–03	BLAKE, ROBERT C	XAVIER UNIVERSITY OF LOUISIANA	ALTERATION OF GENE REGULATION BY ENVIRONMENTAL COMPOUNDS	970,632
S11ES010018–03	MUGANDA, PERPETUA M	SOUTHERN UNIV A&M COL BATON ROUGE	CELLULAR & MOLECULAR TOXICOLOGY OF BUTADIENE	906,194
S21MD000100–01	FRANCIS, NORMAN C	XAVIER UNIVERSITY OF LOUISIANA	XAVIER PHARMACY ENDOWMENT FOR MINORITY HEALTH	2,300,000
T32AA007577–03	BAGBY, GREGORY J	LOUISIANA STATE UNIV HSC NEW ORLEANS	BIOMEDICAL ALCOHOL RESEARCH TRAINING PROGRAM	287,988
T32CA065436–05	JAFFE, BERNARD M	TULANE UNIVERSITY OF LOUISIANA	RESEARCH TRAINING IN SURGICAL ONCOLOGY (T32)	26,286
T32DA007311–03	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	STRESS AND THE NEUROBIOLOGY OF DRUG AND ALCOHOL DEPENDE	282,094
T34GM007716–23	BIRDWHISTELL, TERESA	XAVIER UNIVERSITY OF LOUISIANA	MARC UNDERGRADUATE STUDENT TRAINING IN ACADEMIC RESEARCH	514,676
T34GM008714–03S1	HIMAYA, M A	GRAMBLING STATE UNIVERSITY	U STAR PROGRAM FOR MARC AT GRAMBLING STATE UNIVERSITY	148,110
T34MH017102–19	SAXENA, KRISHAN M	GRAMBLING STATE UNIVERSITY	NIMH COR HONORS UNDERGRADUATE PROGRAM AT GSU	157,376
U01AI032913–09S1	VAN DYKE, RUSSELL B	TULANE UNIVERSITY OF LOUISIANA	TULANE/LSU PEDIATRIC AIDS CLINICAL TRIALS UNIT	884,360
U01AI038844–04S2	LERTORA, JUAN J. L.	TULANE UNIVERSITY OF LOUISIANA	AIDS CLINICAL TRIALS UNIT	318,973
U01AI042178–10	MUSHATT, DAVID M	TULANE UNIVERSITY OF LOUISIANA	LOUISIANA COMMUNITY AIDS RESEARCH PROGRAM (CPCRA)	738,328
U01CA083014–03	ZAKRIS, ELLEN L	TULANE UNIVERSITY OF LOUISIANA	TULANE AIDS–ASSOCIATED MALIGNANCY CONSORTIUM	151,039
U01DK048377–08	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	NIDDM PRIMARY PREVENTION TRIAL (DPT 2)	700,258
U01DK056990–03	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	CLINICAL CENTER FOR LOOK AHEAD: HEALTH IN DIABETES	1,120,807
U01DK056990–03S1	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	CLINICAL CENTER FOR LOOK AHEAD: HEALTH IN DIABETES	7,350
U01DK060963–01	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	CLINICAL CENTER FOR PROSPECTIVE COHORT STUDY OF CRI	214,285
U01HD031315–08	WILSON, JOHN T	LOUISIANA STATE UNIV HSC SHREVEPORT	PEDIATRIC PHARMACOLOGY RESEARCH UNIT	371,253
U01HD040470–01	ABDALIAN, SUE E	TULANE UNIVERSITY OF LOUISIANA	ADOLESCENT MEDICINE TRIAL NETWORK FOR HIV/AIDS	347,686
U01HL038844–15	BERENSON, GERALD S.	TULANE UNIVERSITY OF LOUISIANA	EARLY NATURAL HISTORY OF ARTERIOSCLEROSIS	1,129,399
U01HL060571–04	HARSHA, DAVID W	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	PREMIER—LIFESTYLE INTERVENE FOR BLOOD PRESSURE CONTRL	344,746
U01HL066855–02	WEBBER, LARRY S.	TULANE UNIVERSITY OF LOUISIANA	TRIAL OF ACTIVITY FOR ADOLESCENT GIRLS (TAAG)	555,628
U10CA035272–18	KARDINAL, CARL G	OCHSNER CLINIC FOUNDATION	OCHSNER COMMUNITY CLINICAL ONCOLOGY PROGRAM	410,631
U10CA058658–09	MILLS, GLENN M	LOUISIANA STATE UNIV HSC SHREVEPORT	SOUTHWEST ONCOLOGY GROUP	283,805
N01HR0R01650–000	DEBOISBLANC, BENNETT	LOUISANA STATE UNIVERSITY BATON ROUGE	ADULT RESPIRATOR DISTRESS SYNDROME STUDY	230,082
U10CA063845–07A1	VEITH, ROBERT W	LOUISIANA STATE UNIV HSC NEW ORLEANS	LSUHSC MINORITY BASED COMMUNITY CLINICAL ONCOLOGY	240,283
U19AI045511–02S1	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	AFRICAN MALARIA VECTORS	40,000
U19AI045511–03	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	AFRICAN MALARIA VECTORS	606,005
U42RR015087–02	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	ESTABLISHMENT/MAINTENANCE OF BIOMEDICAL RESEARCH COLONY	819,282
U42RR016026–01	BLANCHARD, JAMES L	TULANE UNIVERSITY OF LOUISIANA	SPECIFIC PATHOGEN FREE INDIAN RHESUS MONKEY COLONY FOR A	725,069
U45ES010664–02	WRIGHT, BEVERLY H	XAVIER UNIVERSITY OF LOUISIANA	WORKER HEALTH AND SAFETY TRAINING COOPERATIVE AGREEMENT	954,135
N01AO012747–000	HASSELSCHWERT, DANA	UNIVERSITY OF LOUISIANA AT LAFAYETTE	DEVELOPMENT OF A SPF PIGTAIL MACAQUE BREEDING COLONY	1,175,750

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
N01NS092302–004	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	SLOW, LATENT & TEMPERATE VIRUS INFECTIONS	615,902
TOTAL FY 2001				85,845,703
FISCAL YEAR 2002				
C06RR016483–01	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	EXPANSION OF NIH CHIMPANZEE HOLDING FAC	1,975,176
D43TW001086–04	MATHER, FRANCES J	TULANE UNIVERSITY OF LOUISIANA	INTERNATIONAL TRAINING IN MEDICAL INFORMATICS	152,358
D43TW001142–04	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	ACTIONS FOR BUILDING CAPACITY	100,000
F30DA015262–01	KAILAS, SUDHA R	TULANE UNIVERSITY OF LOUISIANA	MORPHINE, SEROTONIN, AND PROTEIN KINASE C	43,075
F31DA005907–03S1	HORNER, KRISTEN A	TULANE UNIVERSITY OF LOUISIANA	CHANGES IN ENDOMORPHINS DURING OPIATE TOLERANCE	3,026
F31DA006040–03	GREENWELL, THOMAS N	TULANE UNIVERSITY OF LOUISIANA	ENDOMORPHIN-NEUROIMMUNE INTERACTIONS	22,895
F31DA014155–02	BANNER, EDITH J	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	TOTAL SYNTHESIS OF NOVEL DECAHYDROQUINOLINES	24,177
F31GM019387–05	HAMILTON, KIMBERLY Y	LOUISIANA STATE UNIV A&M COL BATON ROUGE	CHIRAL SELECTOR IN CAPILLARY ELECTROPHORESIS	24,556
F31GM019876–04	BURSE, JEANINE R	TULANE UNIVERSITY OF LOUISIANA	PAST AND PRESENT BIOINDICATION OF RIVER POLLUTION	6,189
F31GM020437–04	CEDILLO, BERTHA M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	DEVELOPMENT OF A CHIRAL SELECTOR SYSTEM	26,643
F31GM020603–02	WILLIAMS, BRIDGET D	TULANE UNIVERSITY OF LOUISIANA	THE ROLE OF TRACT STABILITY IN TELOMERE MAINTENANCE	20,300
F31GM020915–02	GUTIERREZ, YANIRA I	TULANE UNIVERSITY OF LOUISIANA	PI3K–MEDIATED HYPOXIA SURVIVAL SIGNALING PATHWAYS	22,356
F31GM020928–02	AUSTIN, JOSEPH	LOUISIANA STATE UNIV HSC SHREVEPORT	MINORITY PRE–DOCTORAL FELLOWSHIP PROGRAM	9,226
F31HD041928–01	TRUJILLO, LEA A	TULANE UNIVERSITY OF LOUISIANA	MINORITY PREDOCTORAL FELLOWSHIP PROGRAM	26,160
F31HL068296–02	ANDERSON, KIMBERLY M	TULANE UNIVERSITY OF LOUISIANA	STUDIES OF A NOVEL A AND B BLOOD GROUP CLEAVING ENZYME	22,206
F31MH012816–02	SANTUZZI, ALECIA M	TULANE UNIVERSITY OF LOUISIANA	PREDOCTORAL FELLOWSHIP PROGRAM (DISABILITY)	22,986
F31NS011180–02	CLAYTON BAUCOM, CATHERINE A	TULANE UNIVERSITY OF LOUISIANA	HUMAN HAND PREFERENCE-STRUCTURAL FUNCTIONAL MRI STUDIES	24,176
F32AR048481–01	POCHAMPALLY, RADHIKA R	TULANE UNIVERSITY OF LOUISIANA	MARROW STROMAL CELLS IN OSTEOGENESIS IMPERFECTA MODEL	37,820
F32DA014162–02	DANIEL, JILL M	LOUISIANA STATE UNIV HSC NEW ORLEANS	EFFECTS OF ESTROGEN AND CANNABINOIDS ON LEARNING	38,320
F32DC005284–01A1	LEBLANC, CHRISTOPHER S	LOUISIANA STATE UNIV HSC NEW ORLEANS	HAIR BUNDLE MOVEMENTS AND OTOACOUSTIC EMISSIONS	38,320
F32DK010151–02	WHITE, CHRISTY L	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	LEPTIN RESPONSIVENESS IN A DIETARY MODEL OF OBESITY	50,116
F32DK061137–01	SAIFUDEEN, ZUBAIDA R	TULANE UNIVERSITY OF LOUISIANA	TRANSCRIPTION FACTOR P53 IN TERMINAL NEPHRON DIFFERENT	50,116
F32EY013651–02	MARQUART, MARY E	LOUISIANA STATE UNIV HSC NEW ORLEANS	PSEUDOMONAS PROTEASES AS OCULAR VIRULENCE FACTORS	48,148
F32MH064248–01A1	DAVIS, SCOTT F	TULANE UNIVERSITY OF LOUISIANA	BRAINSTEM CIRCUITS INVOLVED IN ADRENAL REGULATION	38,320
F32MH065092–01A1	BLUMER, JOE B	LOUISIANA STATE UNIV HSC NEW ORLEANS	DEFINING THE ROLE OF AGS3 IN G PROTEIN SIGNAL PROCESSING	38,320
G11HD034961–05	ISLAND, GLENDA J	GRAMBLING STATE UNIVERSITY	GSU RESEARCH INFRASTRUCTURE—PHASE II	91,800
G11HD041839–01	ORBAN, JOSEPH I	SOUTHERN UNIVERSITY SHREVEPORT–BOSSIER	BIOMEDICAL RESEARCH CENTER, SOUTHERN UNIVERSITY AT SHRE	27,000
G20RR017029–01	BLANCHARD, JAMES L	TULANE UNIVERSITY OF LOUISIANA	BUILDING C RENOVATION WEST WING	699,655
K01CA078318–04	HEMENWAY, CHARLES S	TULANE UNIVERSITY OF LOUISIANA	BMI1 INTERACTING PROTEINS IN NEOPLASTIC TRANSFORMATION	140,282
K01ES000358–02	HUNT, JAY D	LOUISIANA STATE UNIV HSC NEW ORLEANS	MUTATION AND ENVIRONMENTAL EXPOSURES	104,372
K01GM000707–03	CHETTY, KOTHAPA N	GRAMBLING STATE UNIVERSITY	HYPERCHOLESTEROLEMIA AND REPERFUSION INJURY	23,994
K02DA000204–10	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOID PEPTIDE PROCESSING ENZYMES	118,991
K02DK002605–04	KAPUSTA, DANIEL R	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOIDS AND CENTRAL NEURAL REGULATION OF RENAL FUNCTION	100,440

K02MH000967–09	HAYCOCK, JOHN W	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN TYROSINE HYDROXYLASE AND SCHIZOPHRENIA	112,497
K08AI001467–05	MASON, ANDREW L	OCHSNER CLINIC FOUNDATION	RETROVIRAL ETIOLOGY OF PRIMARY BILIARY CIRRHOSIS	118,800
K08AI049790–03	PARADA, NEREIDA A	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF IL–2 RECEPTOR BY THE CD4 LIGAND IL–16	118,800
K08MH001706–05	SCHEERINGA, MICHAEL S	TULANE UNIVERSITY OF LOUISIANA	TRAUMATIZED YOUNG CHILDREN-RISK FOR MALADAPTATION	149,858
K12HD043451–01	WHELTON, PAUL K	TULANE UNIVERSITY OF LOUISIANA	TULANE BIRCWH	435,408
K22ES011025–02	DUGAS, TAMMY R	LOUISIANA STATE UNIV HSC SHREVEPORT	COX–2 MEDIATED VASCULAR TOXICITY OF METHYLENEDIANILINE	108,000
K22HD001339–02	DONZE, DAVID	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ANALYSIS OF CHROMOSOMAL INSULATOR/BOUNDARY ELEMENTS	134,200
K23RR016076–04	BERGGREN, RUTH E	TULANE UNIVERSITY OF LOUISIANA	MENTORED PATIENT ORIENTED RESEARCH CAREER DEVELOPMENT AW	123,390
K30HL004521–03	FRIEDMAN, MITCHELL	TULANE UNIVERSITY OF LOUISIANA	CLINICAL RESEARCH CURRICULUM AWARD	200,000
M01RR005096–13	WHELTON, PAUL K	TULANE UNIVERSITY OF LOUISIANA	GENERAL CLINICAL RESEARCH CENTER	2,588,372
P01DK043785–11A1	GRANGER, D NEIL	LOUISIANA STATE UNIV HSC SHREVEPORT	PATHOPHYSIOLOGY OF ISCHEMIA-REPERFUSION INJURY	1,486,250
P20RR016456–02	WISCHUSEN, EVERETT W	LOUISIANA STATE UNIV A&M COL BATON ROUGE	LOUISANA BIOMEDICAL RESEARCH NETWORK	1,807,933
P20RR016816–01	BAZAN, NICOLAS G	LOUISIANA STATE UNIV HSC NEW ORLEANS	MENTORING NEUROSCIENCE IN LOUISIANA	1,949,343
P20RR017659–01	NAVAR, L. GABRIEL	TULANE UNIVERSITY OF LOUISIANA	TULANE COBRE IN HYPERTENSION AND RENAL BIOLOGY	2,346,364
P30EY002377–24	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORE GRANT FOR VISION RESEARCH	519,951
P50AA009803–09	NELSON, STEVE	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, HIV INFECTION AND HOST DEFENSE	1,645,309
P50AA009803–09S1	NELSON, STEVE	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, HIV INFECTION AND HOST DEFENSE	126,708
P51RR000164–41	WHELTON, PAUL K	TULANE UNIVERSITY OF LOUISIANA	REGIONAL PRIMATE RESEARCH CENTER	7,879,003
R01AA009505–07	PRUETT, STEPHEN B	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF IMMUNOSUPPRESSION BY ONE DOSE OF ETHANOL	181,208
R01AA009876–08	WOLCOTT, ROBERT M	LOUISIANA STATE UNIV HSC SHREVEPORT	FETAL ALCOHOL EFFECTS AND IMMUNE DEVELOPMENT	218,115
R01AA010384–07	KOLLS, JAY K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	ALCOHOL, IMMUNOSUPPRESSION, AND TACE	286,000
R01AA012865–02	KASTIN, ABBA J	TULANE UNIVERSITY OF LOUISIANA	PEPTIDES AND ALCOHOL INTERACT AT THE BLOOD-BRAIN BARRIER	189,000
R01AA013543–01	MOLINA, PATRICIA E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CHRONIC ALCOHOL & AIDS IMPACT ON MUSCLE WASTING	191,969
R01AA013563–01	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	THE EFFECT ALCOHOL ON SIV PATHOGENESIS	283,392
R01AG016592–03	BERENSON, GERALD S	TULANE UNIVERSITY OF LOUISIANA	EVOLUTION OF CARDIOVASCULAR RISK WITH NORMAL AGING	697,574
R01AG017887–03	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	NUTRITIONAL AND METABOLIC MECHANISMS OF AGING	286,000
R01AG017983–03	HAMMER, ROBERT P	LOUISIANA STATE UNIV A&M COL BATON ROUGE	INHIBITION OF FIBRILLOGENESIS WITH B–STRAND MIMICS	291,180
R01AG018031–02	LUKIW, WALTER J	LOUISIANA STATE UNIV HSC NEW ORLEANS	GENE EXPRESSION IN ALZHEIMER'S DISEASE	237,738
R01AG018239–03	GEISELMAN, PAULA J	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	OBESITY PREVENTION AFTER SMOKING CESSATION IN MENOPAUSE	183,416
R01AG018869–02	SUITOR, JILL J	LOUISIANA STATE UNIV A&M COL BATON ROUGE	PARENT-ADULT CHILD RELATIONS: WITHIN FAMILY DIFFERENCES	401,481
R01AI022001–18A1	O'CALLAGHAN, DENNIS J	LOUISIANA STATE UNIV HSC SHREVEPORT	NUCLEIC ACIDS OF HERPES VIRUS-INFECTED CELLS	468,495
R01AI022186–17	KLIMSTRA, WILLIAM B	LOUISIANA STATE UNIV HSC SHREVEPORT	MOLECULAR BASIS OF ALPHAVIRUS NEUROVIRULENCE	312,535
R01AI024030–15	ROBINSON, JAMES E	TULANE UNIVERSITY OF LOUISIANA	HIV–1 NEUTRALIZING HUMAN MABS	297,000
R01AI024912–15	CUTLER, JIM E	CHILDREN'S HOSPITAL (NEW ORLEANS)	CANDIDA ALBICANS SURFACE ANTIGENS	315,000
R01AI031567–08	CHERVENAK, ROBERT P	LOUISIANA STATE UNIV HSC SHREVEPORT	DEVELOPMENTAL BIOLOGY OF T CELL PRECURSORS	188,942
R01AI032556–08	FIDEL, PAUL L	LOUISIANA STATE UNIV HSC NEW ORLEANS	MUCOSAL CELL MEDIATED IMMUNITY IN VAGINAL CANDIDIASIS	203,775
R01AI039968–04A1	DIDIER, ELIZABETH SCHMIDT	TULANE UNIVERSITY OF LOUISIANA	MICROPORIDIOSIS IN AIDS	182,954
R01AI040667–07	VAN DER HEYDE, HENRI C	LOUISIANA STATE UNIV HSC SHREVEPORT	CELL ADHESION MOLECULES IN CEREBRAL MALARIA.	253,750
R01AI042146–04	MUGGERIDGE, MARTIN I	LOUISIANA STATE UNIV HSC SHREVEPORT	ROLES OF HSV2 MEMBRANE PROTEINS IN MEMBRANE FUSION	185,394
R01AI042400–03	DAVISON, BILLIE B	TULANE UNIVERSITY OF LOUISIANA	A RHESUS MONKEY MODEL OF MALARIA IN PREGNANCY	501,878

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01AI043000–04	KOUSOULAS, KONSTANTIN GUS	LOUISIANA STATE UNIV A&M COL BATON ROUGE	GENETICS & FUNCTIONS OF HSV1 GK IN VIRUS ENTRY & EGRESS	295,109
R01AI044596–05	MARX, PRESTON A	TULANE UNIVERSITY OF LOUISIANA	SIV–RCM AND RELATED PRIMATE LENTIVIRUSES IN WEST AFRICA	542,776
R01AI045041–04	HURLBURT, BARRY K	U.S. AGRICULTURE RESEARCH SERVICE–MIDSOU	MECHANISMS OF VIRULENCE GENE REGULATION IN S. AUREUS	272,803
R01AI045151–03	FREYTAG, LUCIA C	TULANE UNIVERSITY OF LOUISIANA	MUCOSAL IMMUNIZATION—PREVENTION OF SYSTEMIC CANDIDIASIS	222,750
R01AI045725–03	GILLIS, THOMAS P	NATIONAL HANSEN'S DISEASE PROGRAM	DEVELOP AND EVALUATE NEW LEPROSY AND TB VACCINES	116,990
R01AI046275–04	ROBINSON, JAMES E	TULANE UNIVERSITY OF LOUISIANA	RHESUS MABS FROM SHIV INFECTED MACAQUES	234,049
R01AI047693–03	BUNNELL, BRUCE A	TULANE UNIVERSITY OF LOUISIANA	INTRAMARROW GENE TRANSFER IN NEONATES	327,456
R01AI049080–01A1S1	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF CD4 DEPLETION AND PROLIFERATION IN SIV	11,499
R01AI049080–02	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF CD4 DEPLETION AND PROLIFERATION IN SIV	442,426
R01AI049139–02	OBERHELMAN, RICHARD A	TULANE UNIVERSITY OF LOUISIANA	PRACTICAL DIAGNOSTICS FOR AIDS-RELATED PEDIATRIC TB, PERU	206,190
R01AI049193–01A1	PETERSON, KENNETH M	LOUISIANA STATE UNIV HSC SHREVEPORT	SIGNAL TRANS. AND INTESTINAL COLONIZATION BY V. CHOLERAE	278,750
R01AI049293–01A2	RAMAMOORTHY, RAMESH	TULANE UNIVERSITY OF LOUISIANA	RPOS AND GENE EXPRESSION IN BORRELIA BURGDORFERI	200,000
R01AI049744–01A2	BEILKE, MARK A	TULANE UNIVERSITY OF LOUISIANA	RETROVIRAL CO-INFECTIONS: HIV, HTLV AND DRUG ABUSE	359,125
R01AI049976–01S1	PHILIPP, MARIO T	TULANE UNIVERSITY OF LOUISIANA	'LYME DISEASE: A POSSIBLE TEST FOR CURE	24,000
R01AI049976–02	PHILIPP, MARIO T	TULANE UNIVERSITY OF LOUISIANA	'LYME DISEASE: A POSSIBLE TEST FOR CURE	160,000
R01AI050027–01A1	ADAMS, LINDA B	NATIONAL HANSEN'S DISEASE PROGRAM	GENE KNOCK–OUT MICE AS MODELS FOR THE LEPROSY SPECTRUM	150,000
R01AI051677–01	SHELLITO, JUDD E	LOUISIANA STATE UNIV HSC NEW ORLEANS	IL–17 AND KLEBSIELLA PNEUMONIA	315,026
R01AR045982–05	ALA–KOKKA, LEENA M	TULANE UNIVERSITY OF LOUISIANA	MUTATIONS CAUSING DISC DISEASE AND SCIATICA	288,509
R01AR046976–04	KIMPEL, DONALD L	LOUISIANA STATE UNIV HSC SHREVEPORT	NOVEL IMAGING TECHNOLOGIES FOR RHEUMATOID ARTHRITIS	290,000
R01AR048323–02	PROCKOP, DARWIN J	TULANE UNIVERSITY OF LOUISIANA	OSTEOPROGENITORS FOR POTENTIAL THERAPY OF OI	371,250
R01CA054152–10A2	HILL, STEVEN M	TULANE UNIVERSITY OF LOUISIANA	NEUROENDOCRINE INFLUENCES ON MAMMARY CANCER	291,199
R01CA067372–08	SIXBEY, JOHN W.	LOUISIANA STATE UNIV HSC SHREVEPORT	EPSTEIN BARR VIRUS INDUCED GENOMIC INSTABILITY	326,250
R01CA074731–04A2	LEVY, LAURA S.	TULANE UNIVERSITY OF LOUISIANA	PATHOBIOLOGY OF SAIDS–ASSOCIATED LYMPHOMAS	257,753
R01CA078335–04	GNARRA, JAMES R	LOUISIANA STATE UNIV HSC NEW ORLEANS	HGF/SF SIGNALING BY THE VHL TUMOR SUPPRESSOR	295,132
R01CA080149–04	MATHIS, J MICHAEL	LOUISIANA STATE UNIV HSC SHREVEPORT	ADENOVIRUS BASED P53 GENE THERAPY FOR OVARIAN CANCER	114,527
R01CA081125–04	SCHWARZENBERGER, PAUL O	LOUISIANA STATE UNIV HSC NEW ORLEANS	IL–17 AND HEMATOPOIESIS	177,500
R01CA081506–03	EHRLICH, MELANIE	TULANE UNIVERSITY OF LOUISIANA	DNA HYPOMETHYLATION AND CANCER	259,058
R01CA082689–04	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	ARGININE REGULATES T CELL SIGNAL TRANSDUCTION & FUNCTION	248,500
R01CA083823–03	LEVY, LAURA S.	TULANE UNIVERSITY OF LOUISIANA	SELECTIVE FORCES OPERATIVE IN FELV INFECTION	246,155
R01CA085693–03	HARRISON, LYNN	LOUISIANA STATE UNIV HSC SHREVEPORT	DNA REPAIR OF MULTIPLY DAMAGED SITES IN CELLS	195,750
R01CA088885–02	OCHOA, AUGUSTO C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	IMMUNE DYSFUNCTION AND IMMUNOTHERAPY OF RENAL CANCER	225,602
R01CA089057–02	LI, LI	OCHSNER CLINIC FOUNDATION	STROMAL CELL MOLECULES REQUIRED FOR LYMPHOMA GENERATION	166,250
R01CA089121–02	DASH, SRIKANTA A.	TULANE UNIVERSITY OF LOUISIANA	HEPATITIS C VIRUS AND HEPATOCELLULAR CARCINOMA	233,888
R01CA092126–01A1	CHOI, YONG S	OCHSNER CLINIC FOUNDATION	LYMPHOMAGENESIS	221,113
R01CA095783–02	JONES, FRANK E	TULANE UNIVERSITY OF LOUISIANA	ERBB4 SIGNALING IN THE NORMAL AND NEOPLASTIC BREAST	217,390
R01DA005084–15	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	OPIOID PEPTIDE SYNTHESIZING ENZYMES	181,401
R01DA011417–04	MOERSCHBAECHER, JOSEPH M.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CANNABINOID ABUSE EFFECTS ON LEARNING AND MEMORY	200,650
R01DA011939–03	HARLAN, RICHARD E	TULANE UNIVERSITY OF LOUISIANA	THALAMOSTRIATAL MECHANISMS OF MORPHINE ACTION	179,465

R01DA012267–03S2	HARRISON, MURELLE G	SOUTHERN UNIV A&M COL BATON ROUGE	PREVENTING SUBSTANCE USE IN RURAL AFRICAN-AMERICAN YOUTH	38,856
R01DA012267–04	HARRISON, MURELLE G	SOUTHERN UNIV A&M COL BATON ROUGE	PREVENTING SUBSTANCE USE IN RURAL AFRICAN-AMERICAN YOUTH	382,294
R01DA012267–04S1	HARRISON, MURELLE G	SOUTHERN UNIV A&M COL BATON ROUGE	PREVENTING SUBSTANCE USE IN RURAL AFRICAN-AMERICAN YOUTH	112,134
R01DA012427–03	WINSAUER, PETER J	LOUISIANA STATE UNIV HSC NEW ORLEANS	COCAINE SELF-ADMINSTRATION: EFFECTS ON LEARNING	100,570
R01DA012703–04	TRUDELL, MARK L	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	NOVEL NICOTINIC RECEPTOR MEDIATED THERAPEUTIC AGENTS	311,219
R01DA013463–02	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	ROLE FOR THE HPA AXIS IN METHAMPHETAMINE REINFORCEMENT	320,554
R01DA013899–02	MORSE, EDWARD V	TULANE UNIVERSITY OF LOUISIANA	RISK REDUCTION FOR YOUNG AFRICAN AMERICAN IDUS	566,386
R01DC003679–04	HOOD, LINDA JEAN	LOUISIANA STATE UNIV HSC NEW ORLEANS	AUDITORY GENETIC STUDIES OF HEREDITARY HEARING LOSS	213,503
R01DC003792–04	CAPRIO, JOHN T	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ENCODING OF BIOLOGICALLY RELEVANT ODOR SIGNALS	329,574
R01DC003896–04	RICCI, ANTHONY J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ENDOGENOUS FACTORS REGULATING TRANSDUCER ADAPTATION	170,977
R01DC003896–04S1	RICCI, ANTHONY J	LOUISIANA STATE UNIV HSC NEW ORLEANS	ENDOGENOUS FACTORS REGULATING TRANSDUCER ADAPTATION	54,450
R01DC004196–04	KEATS, BRONYA J.	LOUISIANA STATE UNIV HSC NEW ORLEANS	ID OF THE MOUSE DEAFNESS (DN) GENE ON CHROMOSOME 19	230,769
R01DE008911–11	WISE, GARY E	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MOLECULAR BASIS OF TOOTH ERUPTION	178,924
R01DE012329–04	CHEN, YIPING	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR MECHANISMS OF VERTEBRATE TOOTH INITIATION	185,282
R01DE012916–04	AMEDEE, ANGELA M	LOUISIANA STATE UNIV HSC NEW ORLEANS	SIV MACAQUE MODEL FOR BREAST MILK TRANSMISSION OF HIV	257,756
R01DE014044–01A1	CHEN, YIPING	TULANE UNIVERSITY OF LOUISIANA	GROWTH FACTOR SIGNALING IN MOUSE PALATOGENESIS	297,000
R01DK041279–10	GLASS, JONATHAN D	LOUISIANA STATE UNIV HSC SHREVEPORT	MOLECULAR MECHANISMS OF INTESTINAL IRON TRANSPORT	246,500
R01DK041868–11S1	HWANG, DANIEL H	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY N 3 FATTY ACIDS AND EXPRESSION OF CYCLOOXYGENASE	85,260
R01DK044510–09	AW, TAK Y	LOUISIANA STATE UNIV HSC SHREVEPORT	GLUTATHIONE REDOX CONTROL OF INTESTINAL CELL RESPONSES	261,000
R01DK045278–10	YORK, DAVID A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	ENTEROSTATIN REGULATION OF FAT INTAKE	330,750
R01DK046935–08	LANCASTER, JACK R.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NITROGEN AND OXYGEN RADICAL INTERACTIONS IN SURGERY	204,820
R01DK047211–08	VEDECKIS, WAYNE V.	LOUISIANA STATE UNIV HSC NEW ORLEANS	REGULATION OF GLUCOCORTICOID RECEPTOR GENE EXPRESSION	186,014
R01DK047348–09	BERTHOUD, HANS-RUDOLF	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	AUTONOMIC REGULATION OF FOOD INTAKE AND METABOLISM	185,241
R01DK047663–08	GRISHAM, MATTHEW B	LOUISIANA STATE UNIV HSC SHREVEPORT	ADHESION MOLECULE EXPRESSION IN CHRONIC GUT INFLAMMATION	182,736
R01DK048055–07	MCCARTHY, KEVIN J.	LOUISIANA STATE UNIV HSC SHREVEPORT	PROTEOGLYCANS IN DIABETIC NEPHROPATHY	290,000
R01DK049703–06A1	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	CONTROL OF PEPTIDE HORMONE BIOSYNTHESIS BY PC2 AND 7B2	310,483
R01DK050550–09	LACKNER, ANDREW A	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF INTESTINAL DYSFUNCTION IN SIMIAN AIDS	468,334
R01DK050736–04S1	LOVEJOY, JENNIFER C	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MENOPAUSE EFFECT ON OBESITY, ENERGY BALANCE AND INSULIN	167,018
R01DK052142–05A1	ROGERS, RICHARD C	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	TNF, VAGAL TONE AND GASTRIC MOTILITY	328,897
R01DK052968–04	STEPHENS, JACQUELINE M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	REGULATION AND ACTIVATION OF STATS IN ADIPOCYTES	189,070
R01DK053872–05	CLARKE, STEVEN D	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	CONTROL OF GENE TRANSCRIPTION BY ESSENTIAL FATTY ACIDS	159,475
R01DK054880–04	KASTIN, ABBA J	TULANE UNIVERSITY OF LOUISIANA	BLOOD/BRAIN BARRIER AND LEPTIN TRANSPORT IN OBESITY	328,290
R01DK054952–03	HAMM, L. LEE	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF CITRATE TRANSPORT	198,450
R01DK055626–03	AWAYDA, MOUHAMED S.	TULANE UNIVERSITY OF LOUISIANA	KINASE REGULATION OF THE EPITHELIAL NA CHANNEL	222,750
R01DK056132–02	SMITH, BRET N	TULANE UNIVERSITY OF LOUISIANA	NEURAL CIRCUITRY IN THE CAUDAL SOLITARY COMPLEX	222,750
R01DK056264–03	EL-DAHR, SAMIR S.	TULANE UNIVERSITY OF LOUISIANA	INDUCIBLE DYSPLASTIC NEPHROPATHY IN B2-DEFICENT MICE	267,300
R01DK056373–05	ROGERS, RICHARD G	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	BRAINSTEM ESOPHAGEAL—GASTRIC CONTROL REFLEXES	138,630
R01DK057242–03	BERTHOUD, HANS–RUDOLF	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	FUNCTIONAL ORGANIZATION OF THE VAGAL-ENTERIC INTERFACE	191,739
R01DK058152–03	KOZAK, LESLIE P	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	GENETICS OF DEVELOPMENTAL PLASTICITY IN THE ADIPOCYTE	445,163
R01DK058499–02	AGRAWAL, KRISHNA C	TULANE UNIVERSITY OF LOUISIANA	PROTEASE INHIBITOR RELATED ADIPOGENESIS IN HIV INFECTION	282,150

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01DK059326–01A1	BRISKI, KAREN P	UNIVERSITY OF LOUISIANA AT MONROE	CAUDAL BRAIN STEM LACTATE AVAILABILITY REGULATES FEEDING	81,699
R01DK060412–02	RAVUSSIN, ERIC	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	FAT CELL SIZE, MUSCLE LIPID INFILTRATION AND INSULIN RE*	560,060
R01DK062003–01	HARRISON–BERNARD, LISA M	TULANE UNIVERSITY OF LOUISIANA	AT1 RECEPTORS IN RENAL MICROVASCULAR PHYSIOLOGY	283,635
R01DK063453–01	WILLIAMSON, DONALD A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	WISE MIND: ENVIRONMENTAL APPROACH FOR OBESITY PREVENTION	220,500
R01DK063669–01	ORLANDO, ROY C	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF ACID RESISTANCE IN BARRETT'S ESOPHAGUS	311,100
R01DK064156–01	CLARKE, STEVEN D	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DELTA–6 AND DELTA–5 DESATURASES	280,770
R01EB000242–03	KHOOBEHI, BAHRAM	LOUISIANA STATE UNIV HSC NEW ORLEANS	RETINAL AND CHOROIDAL BLOOD FLOW IMAGING	207,586
R01EB000739–01	MCSHANE, MICHAEL J	LOUISIANA TECHNOLOGICAL UNIVERSITY	FLUORESCENT GLUCOSE SENSORS FROM POLYION MICROSHELLS	292,116
R01ES004344–11A1	BACKES, WAYNE L	LOUISIANA STATE UNIV HSC NEW ORLEANS	TOXICOLOGICAL SIGNIFICANCE OF ALKYLBENZENE METABOLISM	315,300
R01ES006766–09	BRODY, ARNOLD R	TULANE UNIVERSITY OF LOUISIANA	GROWTH FACTORS IN ASBESTOS INDUCED PULMONARY FIBROSIS	255,518
R01ES009158–06	PRUETT, STEPHEN B	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF IMMUNOTOXCITY OF CHEMICAL STRESSORS	207,375
R01ES009870–03	MEHENDALE, HARIHARA M	UNIVERSITY OF LOUISIANA AT MONROE	DIETARY RESTRICTION AND TOXICANT-INDUCED LIVER DISEASE	188,055
R01ES010046–03	LASKY, JOSEPH A	TULANE UNIVERSITY OF LOUISIANA	DISRUPTION OF PDGF SIGNAL TRANSDUCTION IN LUNG FIBROSIS	259,875
R01ES010497–03	MURRAY, KERMIT K	LOUISIANA STATE UNIV A&M COL BATON ROUGE	REAL TIME MASS SPECTROMETRY OF BIOAEROSOLS	147,000
R01ES010859–01A1	ORTIZ, LUIS A.	TULANE UNIVERSITY OF LOUISIANA	TNF–ALPHA SIGNALING IN SILICA-INDUCED LUNG FIBROSIS	289,725
R01EY002672–24	KAUFMAN, HERBERT E	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HERPES SIMPLEX VIRUS	336,000
R01EY003311–23	KLYCE, STEPHEN D	LOUISIANA STATE UNIV HSC NEW ORLEANS	INTEGRATED ASSESSMENT OF CORNEAL FORM AND FUNCTION	315,720
R01EY004928–20	BAZAN, HAYDEE E	LOUISIANA STATE UNIV HSC NEW ORLEANS	CORNEAL LIPID METABOLISM AND RESPONSE TO INFLAMMATION	203,086
R01EY005121–18	BAZAN, NICOLAS G	LOUISIANA STATE UNIV HSC NEW ORLEANS	RPE MESSENGERS, TRANSCRIPTION AND PHOTORECEPTOR RENEWAL	250,250
R01EY006311–17	HILL, JAMES M	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HSV-LATENCY, REACTIVATION, AND RECURRENCE	387,224
R01EY007380–13	MENERAY, MICHELE A	LOUISIANA STATE UNIV HSC NEW ORLEANS	INTERACTIVE CELLULAR CONTROLS LACRIMAL GLAND FUNCTIONAL	286,000
R01EY011610–05	BURGOYNE, CLAUDE F	LOUISIANA STATE UNIV HSC NEW ORLEANS	IOP–RELATED FORCE AND FAILURE IN THE OPTIC NERVE HEAD	616,605
R01EY012416–04	BEUERMAN, ROGER W	LOUISIANA STATE UNIV HSC NEW ORLEANS	REGULATION OF PROTEIN SYNTHESIS IN THE LACRIMAL GLAND	224,832
R01EY012540–04	PALKAMA, ARTO K	LOUISIANA STATE UNIV HSC NEW ORLEANS	AQUEOUS OUTFLOW AND STRUCTURAL CORRELATIONS	300,113
R01EY012701–03	CHANDRASEKHER, GUDISEVA	LOUISIANA STATE UNIV HSC NEW ORLEANS	GROWTH FACTOR RECEPTOR MEDITATED SIGNAL MECHANISMS LENS	176,170
R01EY012716–02	GUIDO, WILLIAM	LOUISIANA STATE UNIV HSC NEW ORLEANS	FUNCTIONAL STATE OF DEVELOPING RETINOGENICULATE SYNAPSE	178,750
R01EY012961–03	O'CALLAGHAN, RICHARD J	LOUISIANA STATE UNIV HSC NEW ORLEANS	MECHANISMS AND THERAPY OF BACTERIAL KERATITIS	286,000
R01EY013176–01A2	ALLIEGRO, MARK C.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NOVEL GENES EXPRESSED IN PROLIFERATING ENDOTHELIAL CELLS	204,690
R01EY013325–01A1	KWON, BYOUNG S	LOUISIANA STATE UNIV HSC NEW ORLEANS	OCULAR HSV–1, STROMAL KERATITIS, & T CELL COSTIMULATION	315,415
R01GM020818–28A1	RHOADS, ROBERT E.	LOUISIANA STATE UNIV HSC SHREVEPORT	REGULATION OF EUKARYOTIC PROTEIN SYNTHESIS INITIATION	320,850
R01GM039844–12	WARNER, ISIAH M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	BIOANALYTICAL SEPARATION USING CHIRAL POLYMERS	273,533
R01GM045668–10A1	DEININGER, PRESCOTT L	TULANE UNIVERSITY OF LOUISIANA	SINE RETROTRANSPOSITION	259,875
R01GM047789–18	TATCHELL, KELLY G.	LOUISIANA STATE UNIV HSC SHREVEPORT	GENETIC ANALYSIS OF PROTEIN PHOSPHATASE 1 IN YEAST	228,375
R01GM051521–09	WITT, STEPHEN N.	LOUISIANA STATE UNIV HSC SHREVEPORT	KINETICS AND MECHANISM OF THE HEAT SHOCK 70 PROTEIN DNAK	205,446
R01GM055420–12	NEWCOMER, MARCIA E.	LOUISIANA STATE UNIV A&M COL BATON ROUGE	ENZYMATIC ACTIVATION OF LIPOPHILIC SIGNALING MOLECULES	235,200
R01GM059663–02	WITTUNG–STAFSHEDE, PERNILLA E	TULANE UNIVERSITY OF LOUISIANA	COFACTOR ROLE IN BETA–SHEET PROTEIN FOLDING	175,770
R01GM060000–02	WIMLEY, WILLIAM C	TULANE UNIVERSITY OF LOUISIANA	FOLDING AND DESIGN OF BETA SHEETS IN MEMBRANES	185,625
R01GM061915–02	STRONGIN, ROBERT M	LOUISIANA STATE UNIV A&M COL BATON ROUGE	SYNTHESIS AND STUDY OF NOVEL SENSING AGENTS	183,750

R01HD008431–27	KOZAK, LESLIE P	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MOLECULAR GENETICS OF THERMOGENESIS	321,299
R01HD036822–04	WANG, YU–PING	LOUISIANA STATE UNIV HSC SHREVEPORT	PLACENTAL FUNCTION IN PREECLAMPSIA	145,425
R01HD037811–03	GASSER, RAYMOND F	LOUISIANA STATE UNIV HSC NEW ORLEANS	HUMAN EMBRYO SECTIONS ON DVDS FOR EDUCATION	326,032
R01HD039104–03	WILLIAMSON, DONALD A.	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	INTERNET–BASED OBESITY PREVENTION FOR BLACK ADOLESCENTS	160,073
R01HG001499–06	SOPER, STEVEN A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	HIGH THROUGHPUT DNA SEQUENCING USING NANO–REACTORS	428,179
R01HL018426–28	NAVAR, L. GABRIEL	TULANE UNIVERSITY OF LOUISIANA	REGULATION OF RENAL HEMODYNAMICS	334,125
R01HL022252–26	ROSELLI, CHARLES E.	LOUISIANA STATE UNIV A&M COL BATON ROUGE	SYNTHESES OF HEMES FOR PROTEIN STUDIES	367,500
R01HL026371–21	NAVAR, L. GABRIEL	TULANE UNIVERSITY OF LOUISIANA	RENAL FUNCTIONAL DERANGEMENTS IN HYPERTENSION	336,341
R01HL026441–22	GRANGER, D NEIL	LOUISIANA STATE UNIV HSC SHREVEPORT	TRANSCAPILLARY FLUID EXCHANGE	255,138
R01HL032788–16	CHILIAN, WILLIAM M	LOUISIANA STATE UNIV HSC NEW ORLEANS	MICROCIRCULATORY DYNAMICS IN THE CORONARY CIRCULATION	320,215
R01HL045670–11	BOUCHARD, CLAUDE	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	HERITAGE–GENETICS, RESPONSE TO EXERCISE, RISK FACTORS–3	749,187
R01HL054797–09	KORTHUIS, RONALD J	LOUISIANA STATE UNIV HSC SHREVEPORT	PRECONDITIONING: PMN ADHESION AND MICROVASCULAR INJURY	290,000
R01HL057531–05A1	PANDEY, KAILASH N	TULANE UNIVERSITY OF LOUISIANA	ANP Receptor: Molecular approach of signaling mechanisms	222,750
R01HL060532–06	Brody, Arnold R	TULANE UNIVERSITY OF LOUISIANA	TGF–B in Interstitial Lung Disease	334,125
R01HL060849–04	LEFER, DAVID J	LOUISIANA STATE UNIV HSC SHREVEPORT	MECHANISMS OF MYOCARDIAL REPERFUSION INJURY--DIABETES	184,285
R01HL061271–04	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	NON CD4 HOST DEFENSE AGAINST P CARINII PNEUMONIA	78,314
R01HL061934–06	MORRIS, CINDY A	TULANE UNIVERSITY OF LOUISIANA	MOLECULAR MECHANISM OF TAT INDUCED ANGIOGENESIS	222,750
R01HL062000–03	HYMAN, ALBERT L	TULANE UNIVERSITY OF LOUISIANA	CARDIOPULMONARY SURGERY RESEARCH	302,940
R01HL062052–05	Kolls, Jay K.	LOUISIANA STATE UNIV HSC NEW ORLEANS	CD8 AND GAMMA/DELTA T CELLS IN P CARINII PNEUMONIA	255,226
R01HL063128–03	AGRAWAL, KRISHNA C	TULANE UNIVERSITY OF LOUISIANA	MECHANISMS OF CARDIOVASCULAR COMPLICATIONS IN AIDS	299,899
R01HL063195–04	TRAYANOVA, NATALIA A	TULANE UNIVERSITY OF LOUISIANA	CARDIAC TISSUE STRUCTURE IN THE DEFIBRILLATION PROCESS	171,030
R01HL063778–02	LASKY, JOSEPH A	TULANE UNIVERSITY OF LOUISIANA	CTGF IN LUNG FIBROGENESIS	259,875
R01HL064577–04	JOHNSON, ROBERT A	TULANE UNIVERSITY OF LOUISIANA	HEMODYNAMIC ROLES OF ENDOGENEOUS CARBON MONOXIDE	166,634
R01HL065997–02	WANG, YU–PING	LOUISIANA STATE UNIV HSC SHREVEPORT	ENDOTHELIAL BARRIER FUNCTION IN PREECLAMPSIA	217,500
R01HL066158–02	VEHASKARI, V M	LOUISIANA STATE UNIV HSC NEW ORLEANS	Prenatal and Perinatal Programming of Adult Hypertension	214,500
R01HL066432–02	MAJID, DEWAN S	TULANE UNIVERSITY OF LOUISIANA	Superoxide and nitric Oxide Interactions in the Kidney	222,750
R01HL068057–01A1	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	Clinical Trial of Dietary Protein on Blood Pressure	655,198
R01HL069029–01	FEELISCH, MARTIN	LOUISIANA STATE UNIV HSC SHREVEPORT	Redox-activation of vascular stores of NO by vitamin C	340,000
R01HL073774–01	FARLEY, THOMAS A	TULANE UNIVERSITY OF LOUISIANA	ATTENDED CITY SCHOOLYARDS TO INCREASE PHYSICAL ACTIVITY	222,750
R01LM007591–01	CORK, ROBERT J	LOUISIANA STATE UNIV HSC NEW ORLEANS	Enhancements to a human embryo, serial-section database	101,460
R01MH059931–03	LANIER, STEPHEN M	LOUISIANA STATE UNIV HSC NEW ORLEANS	A TRANSDUCTION COMPLEX FOR G PROTEIN COUPLED RECEPTORS	240,693
R01MH061192–05	LACKNER, ANDREW A	TULANE UNIVERSITY OF LOUISIANA	CHEMOKINE RECEPTORS IN THE NEUROPATHOGENESIS OF AIDS	284,869
R01MH062640–01A2	LEIDENHEIMER, NANCY J	LOUISIANA STATE UNIV HSC SHREVEPORT	Regulation of GABAA Receptor Cell Surface Expression	264,961
R01NS009626–32	LI, YU–TEH	TULANE UNIVERSITY OF LOUISIANA	GLYCOSIDASES AS RELATED TO SPHINGOLIPIDOSES	382,466
R01NS023002–16A1	BAZAN, NICOLAS G	LOUISIANA STATE UNIV HSC NEW ORLEANS	Phospholipid and Arachidonic Acid Signaling in Epilepsy	270,275
R01NS024821–13	LANIER, STEPHEN M	LOUISIANA STATE UNIV HSC NEW ORLEANS	STRUCTURAL ANALYSIS OF THE ALPHA 2 ADRENERGIC RECEPTOR	213,269
R01NS025987–15	PHELPS, CAROL J.	TULANE UNIVERSITY OF LOUISIANA	HYPOPHYSIOTROPIC NEURON DIFFERENTIATION--TARGET FEEDBACK	219,774
R01NS030769–11	LACKNER, ANDREW A	TULANE UNIVERSITY OF LOUISIANA	NEUROPATHOGENESIS OF PEDIATRIC AIDS: A SIV MODEL	345,144
R01NS035370–10	DUNN, ADRIAN J	LOUISIANA STATE UNIV HSC SHREVEPORT	Cytokine Action on the CNS	253,750
R01NS037963–04A1	CANAVIER, CARMEN C	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	Firing Pattern in Midbrain Dopamine Neurons	168,625

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
R01NS039033–02	PHINNEY, DONALD G	TULANE UNIVERSITY OF LOUISIANA	Marrow stromal cells for Lysosomal Disease CNS Defects	259,875
R01NS039033–02S1	PHINNEY, DONALD G	TULANE UNIVERSITY OF LOUISIANA	Marrow stromal cells for Lysosomal Disease CNS Defects	72,765
R01NS039050–03	ERZURUMLU, REHA S	LOUISIANA STATE UNIV HSC NEW ORLEANS	SOMATOSENSORY CORTICAL DEVELOPMENT AND PLASTICITY	143,000
R01NS039099–03	TASKER, JEFFREY G	TULANE UNIVERSITY OF LOUISIANA	HYPOTHALAMIC SYNCHRONIZATION BY LOCAL GLUTAMATE CIRCUITS	259,875
R01NS039458–03	MAGEE, JEFFERY C	LOUISIANA STATE UNIV HSC NEW ORLEANS	DENDRITIC INTEGRATION IN HIPPOCAMPAL PYRAMIDAL NEURONS	230,823
R01NS039458–03S1	MAGEE, JEFFERY C	LOUISIANA STATE UNIV HSC NEW ORLEANS	DENDRITIC INTEGRATION IN HIPPOCAMPAL PYRAMIDAL NEURONS	50,000
R01NS040373–02	ARIMURA, AKIRA A	TULANE UNIVERSITY OF LOUISIANA	Neuroprotection by PACAP in Stroke	371,250
R01NS044000–02	BASTIAN, FRANK O	TULANE UNIVERSITY OF LOUISIANA	Spiroplasma 16S rDNA in TSE Brain Tissues	185,625
R01NS045694–01	ZHANG, JOHN H	LOUISIANA STATE UNIV HSC SHREVEPORT	Anti-apoptosis as a new therapy for cerebral vasospasm	253,750
R01NS045954–01	TAYLOR, BRADLEY K	TULANE UNIVERSITY OF LOUISIANA	NEUROPEPTIDERGIC INHIBITION OF SPINAL PAIN TRANSMISSION	352,688
R03CA083096–02	Johnson, Eric S.	TULANE UNIVERSITY OF LOUISIANA	POSSIBLE OF ROLE OF AVIAN RETROVIRUSES IN HUMAN CANCER	74,250
R03CA091185–01A1	RAJ, MADHWA H	LOUISIANA STATE UNIV HSC NEW ORLEANS	A new tumor marker for Ovarian Cancer	71,208
R03CA097778–01	MANDAL, DIPTASRI M	LOUISIANA STATE UNIV HSC NEW ORLEANS	Genetics of Prostate Cancer in an Af-Am Population	35,500
R03DA013647–02	GOEDERS, NICHOLAS E	LOUISIANA STATE UNIV HSC SHREVEPORT	Neurochemistry of Cocaine Reinforcement	72,500
R03DA015618–01	PHADTARE, SHASHIKANT K	XAVIER UNIVERSITY OF LOUISIANA	NEW PHENYL NUCLEOSIDES AS ANTI-HIV AGENTS	72,554
R03DC004957–01A2	FOUNDAS, ANNE L	TULANE UNIVERSITY OF LOUISIANA	Developmental Stuttering: MRI Studies in Children	74,250
R03EY014021–01	JACOB, JEAN T	LOUISIANA STATE UNIV HSC NEW ORLEANS	Capillary Electrophoresis Profiling of Tears in Dry Eye	135,619
R03EY014135–01	NAUMAN, ERIC A	TULANE UNIVERSITY OF LOUISIANA	Intraocular Pressure-Mediated Damage to the Optic Nerve	141,225
R03HD041052–02	SCHMIDT–SOMMERFELD, EBERHARD	LOUISIANA STATE UNIV HSC NEW ORLEANS	Parenteral Medium Chain Triglycerides in the Premature	71,500
R03HD042003–01	VANLANDINGHAM, MARK J	TULANE UNIVERSITY OF LOUISIANA	Migration Effects on Health of Working Age Vietnamese	74,250
R03MH065943–01	STAFFORD, BRIAN S	TULANE UNIVERSITY OF LOUISIANA	Validity of Reactive Attachment Disorder	74,250
R13AA013578–01	MOLINA, PATRICIA E	LOUISIANA STATE UNIV HSC NEW ORLEANS	Alcoholism and Disease: Immune/Pathological Mechanisms	38,100
R13AG021441–01	GRISHAM, MATTHEW B	LOUISIANA STATE UNIV HSC SHREVEPORT	Ninth Annual Oxygen Society Meeting	15,000
R13DA015297–01	Harlan, Richard E	TULANE UNIVERSITY OF LOUISIANA	Workshop on Steroid Hormones and Brain Function	15,650
R13HL069204–01	GRISHAM, MATTHEW B	LOUISIANA STATE UNIV HSC SHREVEPORT	Eighth Annual Oxygen Society Meeting	20,000
R15DA013512–01A2	MANDAL, TARUN K	XAVIER UNIVERSITY OF LOUISIANA	SR Drug Delivery for the Treatment of Drug Abuse	68,113
R15ES011279–01A1	ASRABADI, BADIOLLAH R	NICHOLLS STATE UNIVERSITY	Air Pollution and Asthma in Southeast Louisiana	151,000
R18AI033449–08	FREY, DANIEL J	LOUISIANA ORGAN PROCUREMENT AGENCY	ENHANCING DONOR REGISTRY TO INCREASE DONATION	387,407
R21AA013555–01A1	McDonough, Kathleen H	LOUISIANA STATE UNIV HSC NEW ORLEANS	Alcohol Enhances HIV–1 Induced Cardiac Depression	139,903
R21AA013828–01	MACLEAN, ANDREW G	TULANE UNIVERSITY OF LOUISIANA	Alcohol and SIV neuroinvasion in vivo and in vitro	160,000
R21AI051414–01	HALFORD, WILLIAM P	TULANE UNIVERSITY OF LOUISIANA	ROLE OF THE LAT–ICP0 LOCUS IN REGULATING HSV LATENCY	284,875
R21AI053290–01	RAMSAY, ALISTAIR J	LOUISIANA STATE UNIV HSC NEW ORLEANS	Generation of protection against 'stealth' poxviruses	210,900
R21AI053517–01	LINDBERG, IRIS	LOUISIANA STATE UNIV HSC NEW ORLEANS	Blockade of Anthrax Cytotoxicity Using Furin Inhibitors	204,600
R21CA089348–01A2	SINGAL, RAKESH	U.S. DEPT/VETS AFFAIRS MED CTR(SHREVPRT)	GSTP1 gene repression in prostate cancer	75,000
R21DA016029–01	MOHAMADZADEH, MANSOUR	TULANE UNIVERSITY OF LOUISIANA	Dendritic cell targeted hepatitis c virus immunotherapy	148,500
R21DC004994–02	BOBBIN, RICHARD P	LOUISIANA STATE UNIV HSC NEW ORLEANS	Drug manipulation of noise-induced hearing loss	143,000
R21DC005470–01	Ricci, Anthony J	LOUISIANA STATE UNIV HSC NEW ORLEANS	Mature mouse cochlea culture model for physiological inv	71,500
R21DC005514–01	WATSON, GLEN M	UNIVERSITY OF LOUISIANA AT LAFAYETTE	Target Proteins for Linkages in Membranes of Hair Cells	62,320

R21DE015051–01	HAGENSEE, MICHAEL E	LOUISIANA STATE UNIV HSC NEW ORLEANS	Prevalence of HPV in the Oral Cavity of HIV+ Individuals	206,700
R21DK057390–02	PARTOSEOEDARSO, ELITA R	LOUISIANA STATE UNIV HSC NEW ORLEANS	VAGAL GASTRIC MOTOR CONTROL IN MICE	143,000
R21ES012026–01	REISER, JAKOB	LOUISIANA STATE UNIV HSC NEW ORLEANS	Protein trapping tools for mammalian cells	213,000
R21GM065612–01	POLLOCK, DAVID D	LOUISIANA STATE UNIV A&M COL BATON ROUGE	Protein sequence, structure, and computational analysis	138,348
R21NS042736–01	BRISKI, KAREN P	UNIVERSITY OF LOUISIANA AT MONROE	Microscopic Quantitative Mapping Ion Flux in Rat Brain	99,500
R21NS043974–02	EHRLICH, MELANIE	TULANE UNIVERSITY OF LOUISIANA	FSHD Syndrome: DNA Repeats, Methylation, & Chromatin	185,625
R21RR015016–03	MURRAY, KERMIT K	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MADLI Mass Spectrometry for Microfluidic Chip Detection	89,570
R24CA084625–03	SOPER, Steven A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MICRO–INSTRUMENT PLATFORMS FOR GENETIC–BASED ANALYSES	537,986
R24CA084625–03S1	SOPER, Steven A	LOUISIANA STATE UNIV A&M COL BATON ROUGE	MICRO–INSTRUMENT PLATFORMS FOR GENETIC–BASED ANALYSES	33,075
R24HL060808–05	STRONG, JACK P	LOUISIANA STATE UNIV HSC NEW ORLEANS	PDAY CARDIOVASCULAR SPECIMEN AND DATA LIBRARY	131,915
R24RR015395–01A2	BAVISTER, BARRY D	LOUISIANA STATE UNIV–UNIV OF NEW ORLEANS	EMBRYO TECHNOLOGIES FOR PROPAGATION OF RHESUS MONKEYS	250,176
R24RR016986–01A1	Marx, Preston A	TULANE UNIVERSITY OF LOUISIANA	AN IMPROVED MACAQUE MODEL FOR SIV AND SHIV	683,168
R25CA047877–15	LOPEZ–S, ALFREDO	LOUISIANA STATE UNIV HSC NEW ORLEANS	SHORT RESEARCH EXPERIENCES IN CANCER	66,965
R25CA087994–03	GREGORY, PAULA E	LOUISIANA STATE UNIV HSC NEW ORLEANS	SCIENCE FOR THE NEW MILLENNIUM–-HS CANCER RES PARTNER	63,334
R25GM060926–01A2	STEVENS, CHERYL L	XAVIER UNIVERSITY OF LOUISIANA	MBRS RISE Program at Xavier University	137,138
R25MH058560–05	Duhon, Stacey A	GRAMBLING STATE UNIVERSITY	NIMH HONORS MINORITY HIGH SCHOOL PROGRAM AT GSU	26,001
R29CA076186–05	MEYERS, SHARI L	LOUISIANA STATE UNIV HSC SHREVEPORT	MOLECULAR MECHANISM OF TRANSFORMATION BY AML1/ETO	101,500
R29DC003280–05	Garcia, Meredith M.	TULANE UNIVERSITY OF LOUISIANA	PROTEIN KINASE C IN CENTRAL AUDITORY PLASTICITY	102,566
R29ES009055–05	MILLER, CHARLES A	TULANE UNIVERSITY OF LOUISIANA	ARYL HYDROCARBON RECEPTOR STRUCTURE AND INTERACTIONS	94,724
R29EY012204–05	GLEASON, EVANNA L	LOUISIANA STATE UNIV A&M COL BATON ROUGE	METABOTROPIC GLUTAMATE RECEPTORS ON AMACRINE CELLS	99,231
R29HD036421–06	KUBISCH, HANS M	TULANE UNIVERSITY OF LOUISIANA	MARKER ASSISTED SELECTION OF BOVINE BLASTOCYSTS	152,674
R37AG006168–17	JAZWINSKI, S MICHAL	LOUISIANA STATE UNIV HSC NEW ORLEANS	CELLULAR AGING IN A YEAST MODEL SYSTEM	327,656
R37DK032089–21	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	DIETARY OBESITY	308,966
R37DK036013–16	ORLANDO, ROY C	TULANE UNIVERSITY OF LOUISIANA	ESOPHAGEAL CYTOPROTECTION—AGENTS AND MECHANISMS	215,096
R37MH051853–09	MCCANN, SAMUEL M	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	MECHANISM OF ACTION OF CYTOKINES ON BRAIN AND PITUITARY	290,105
R43CA094566–01A1	MORGAN, LEE R	DEKK–TEC, INC.	Clinical Development of 4-Hydroperoxyifosfamide	185,641
R44CA085021–03	MORGAN, LEE R	DEKK–TEC, INC.	DERIVATIVES OF DEMETHYLPENCLOMEDINE:ANTICANCER AGENTS	122,592
R44GM061508–02	SINHA, SUDHIR K	RELIAGENE TECHNOLOGIES, INC.	Dimorphic ALU repeats- Application in identity testing	469,306
R44NS038358–02	NARDUCY, KENNETH W	ST CHARLES PHARMACEUTICALS	Development of Novel Therapeutics for Postsurgical Pain	435,340
S06GM008008–31	STEVENS, CHERYL L	XAVIER UNIVERSITY OF LOUISIANA	MBRS SCORE PROGRAM AT XAVIER UNIVERSITY	761,051
S06GM008025–29	CHRISTIAN, FRED A	SOUTHERN UNIV A&M COL BATON ROUGE	MBRS SCORE PROGRAM AT SOUTHERN UNIVERSITY–BATON ROUGE	44,708
S07RR018185–01	WHELTON, PAUL K	TULANE UNIVERSITY OF LOUISIANA	Technology for Electronic Submission of IRB Protocols	123,500
S10RR016963–01	VEAZEY, RONALD S	TULANE UNIVERSITY OF LOUISIANA	High-speed cell sorter	427,553
S11ES009996–04	BLAKE, ROBERT C	XAVIER UNIVERSITY OF LOUISIANA	ALTERATION OF GENE REGULATION BY ENVIRONMENTAL COMPOUNDS	593,981
S11ES010018–04	MUGANDA, PERPETUA M	SOUTHERN UNIV A&M COL BATON ROUGE	CELLULAR & MOLECULAR TOXICOLOGY OF BUTADIENE	985,060
S21MD000231–01	FRANCIS, NORMAN C	XAVIER UNIVERSITY OF LOUISIANA	Xavier Pharmacy Endowment for Minority Health	5,000,000
T32AA007577–03S1	BAGBY, GREGORY J	LOUISIANA STATE UNIV HSC NEW ORLEANS	BIOMEDICAL ALCOHOL RESEARCH TRAINING PROGRAM	49,758
T32AA007577–04	BAGBY, GREGORY J	LOUISIANA STATE UNIV HSC NEW ORLEANS	BIOMEDICAL ALCOHOL RESEARCH TRAINING PROGRAM	273,978
T34GM007716–24	BIRDWHISTELL, TERESA T	XAVIER UNIVERSITY OF LOUISIANA	MARC U*STAR Training Program at Xavier University	534,181
T34GM008714–04	HIMAYA, M A	GRAMBLING STATE UNIVERSITY	MARC U STAR at Grambling State University	278,345

GRANT NUMBER	NAME	ORGANIZATION	TITLE	AWARDED
T34MH017102–20	DUHON, STACEY A	GRAMBLING STATE UNIVERSITY	NIMH COR HONORS UNDERGRADUATE PROGRAM AT GSU	227,971
U01AG020478–01	RAVUSSIN, ERIC	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Metabolic Adaptations to Two Year Caloric Restriction	1,432,621
U01AG020478–01S1	RAVUSSIN, ERIC	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Metabolic Adaptations to Two Year Caloric Restriction	147,000
U01AG020478–01S2	RAVUSSIN, ERIC	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Metabolic Adaptations to Two Year Caloric Restriction	915,000
U01AI032913–10	VAN DYKE, RUSSELL B	TULANE UNIVERSITY OF LOUISIANA	Tulane/LSU Pediatric AIDS Clinical Trials Unit	815,476
U01AI038844–04S3	Lertora, Juan J. L.	TULANE UNIVERSITY OF LOUISIANA	AIDS CLINICAL TRIALS UNIT	285,956
U01AI042178–11	MUSHATT, DAVID M	TULANE UNIVERSITY OF LOUISIANA	LOUISIANA COMMUNITY AIDS RESEARCH PROGRAM (CPCRA)	853,801
U01CA083014–04	ZAKRIS, ELLEN L	TULANE UNIVERSITY OF LOUISIANA	TULANE AIDS–ASSOCIATED MALIGNANCY CONSORTIUM	154,826
U01DK048377–09	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	NIDDM PRIMARY PREVENTION TRIAL (DPT 2)	304,921
U01DK056990–04	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Clinical Center for Look AHEAD: Health in Diabetes	1,312,399
U01DK056990–04S1	BRAY, GEORGE A	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Clinical Center for Look AHEAD: Health in Diabetes	7,350
U01DK060963–02	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	Clinical Center for Prospective Cohort Study of CRI	316,100
U01DK060963–02S1	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	Clinical Center for Prospective Cohort Study of CRI	250,000
U01HD031315–09	WILSON, JOHN T	LOUISIANA STATE UNIV HSC SHREVEPORT	PEDIATRIC DRUG EVALUATION RESOURCE	383,323
U01HD031315–09S1	WILSON, JOHN T	LOUISIANA STATE UNIV HSC SHREVEPORT	PEDIATRIC DRUG EVALUATION RESOURCE	178,033
U01HD040470–02	ABDALIAN, SUE E	TULANE UNIVERSITY OF LOUISIANA	NEW ORLEANS ADOLESCENT MEDICINE TRIALS UNIT	762,602
U01HL060571–05	HARSHA, DAVID W	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	PREMIER—LIFESTYLE INTERVENE FOR BLOOD PRESSURE CONTRL	163,892
U01HL066855–03	Webber, Larry S.	TULANE UNIVERSITY OF LOUISIANA	TRIAL OF ACTIVITY FOR ADOLESCENT GIRLS (TAAG)	763,926
U01HL072274–01	LEISSINGER, CINDY A	TULANE UNIVERSITY OF LOUISIANA	Hemostasis Clinical Research Network Protocols	300,000
U01HL072507–01	HE, JIANG	TULANE UNIVERSITY OF LOUISIANA	Genetic Epidemiology of Blood Pressure Intervention	1,432,730
U01HL072510–01	LEFEVRE, MICHAEL	LSU PENNINGTON BIOMEDICAL RESEARCH CTR	Diet, genetics, and CVD risk factor response in Blacks	2,098,725
U10CA035272–19	KARDINAL, CARL G	OCHSNER CLINIC FOUNDATION	OCHSNER COMMUNITY CLINICAL ONCOLOGY PROGRAM	467,005
U10CA058658–10	MILLS, GLENN M	LOUISIANA STATE UNIV HSC SHREVEPORT	SOUTHWEST ONCOLOGY GROUP	324,550
U10CA063845–08	Gilbert, Jill	LOUISIANA STATE UNIV HSC NEW ORLEANS	LSUHSC Minority Based Community Clinical Oncology	211,735
U10NS044471–01	RAO, JAYARAMAN	LOUISIANA STATE UNIV HSC NEW ORLEANS	Nicotine and Neuroprotection in Parkinson's Disease	104,197
U19AI045511–03S1	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	AFRICAN MALARIA VECTORS	76,005
U19AI045511–04	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	AFRICAN MALARIA VECTORS	680,483
U19AI045511–04S1	BEIER, JOHN C	TULANE UNIVERSITY OF LOUISIANA	AFRICAN MALARIA VECTORS	40,189
U24RR018111–01	BOHM, RUDOLF P	TULANE UNIVERSITY OF LOUISIANA	ESTABLISHMENT AND EXPANSION OF A SPF RHESUS COLONY	769,149
U42RR015087–03	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	ESTABLISHMENT/MAINTENANCE OF BIOMEDICAL RESEARCH COLONY	843,593
N01NS992302	ROWELL, THOMAS J	UNIVERSITY OF LOUISIANA AT LAFAYETTE	SLOW, LATENT & TEMPERATE VIRUS INFECTIONS	1,171,906
N01HR16150	DEBOISBLANC, BENNETT	UNIVERSITY OF LOUISIANA AT LAFAYETTE	ADULT RESPIRATORY DISTRESS SYNDROME STUDY	125,337
N01AO12747	HASSELSCHWERT, DANA	UNIVERSITY OF LOUISIANA AT LAFAYETTE	MAINTENANCE OF A SPF PIGTAIL BREEDING COLONY	1,922,466
N01AO22751	FONTENOT, BABETTE	UNIVERSITY OF LOUISIANA AT LAFAYETTE	BREEDING,HOUSING AND MAINTENANCE OF RHESUS MACAQUES IN SUPPORT OF AIDS.	1,349,886
N01AO22754	HASSELSCHWERT, DANA	UNIVERSITY OF LOUISIANA AT LAFAYETTE	LEASING OF CHIMPANZEES FOR THE CONDUCT OF RESEARCH	1,360,000
U42RR016026–02	BLANCHARD, JAMES L	TULANE UNIVERSITY OF LOUISIANA	SPECIFIC PATHOGEN FREE INDIAN RHESUS MONKEY COLONY FOR A	1,311,873

U45ES010664–03	WRIGHT, BEVERLY H	XAVIER UNIVERSITY OF LOUISIANA	WORKER HEALTH AND SAFETY TRAINING COOPERATIVE AGREEMENT	993,562
TOTAL FY 2002				117,481,005

BIOTERRRORISM

Senator SPECTER. Mr. Secretary, coming back to the bioterrorism, the budget has a figure of $3.6 billion. How is help going to be given to the States on dealing with bioterrorism? I have traveled my State. I know my colleagues have traveled their States. But there are no funds which are being devoted. The University of Pittsburgh Medical Center, for example, has a very elaborate system where they have plans to bring people in in the event of bioterrorism attack, showers, quarantines, response to anthrax or smallpox or whatever else may occur. But what is being done about distributing funds from the Federal Government to the States?

Secretary THOMPSON. Last year, Senator, we had $918 million that we could send out for the State departments and local health departments and communities for biopreparedness. And we had an additional $125 million that was sent out for hospitals in order to find ways in which they might be able to expand their surge capacity, and that was distributed on a formula throughout all of the States in America.

But in addition to that, we asked them to make some planning because we knew that we were going to ask for some additional money in fiscal year 2003, which is $518 million, which has been appropriated, less a reduction, I think, of about 1 percent in the appropriation language. So there is $518 million, less that reduction for balancing the budget, that is going to be sent out to the hospitals based upon their plans.

Senator SPECTER. How much money is that again?

Secretary THOMPSON. $518 million.

Senator SPECTER. Is that remotely enough?

Secretary THOMPSON. We are expecting that to be replicated again this year in fiscal year 2004 and fiscal year——

Senator SPECTER. Do you have an estimate on how much money it will take?

Secretary THOMPSON. We have lots of estimates, but I cannot tell you off the top of my head right now exactly. I know it is a lot more than——

Senator SPECTER. Could you provide for us what it will cost? It seems to me that to adequately prepare the hospitals in America for bioterrorism is a gigantic figure. I know you are working on it. But would you provide for the subcommittee what it is?

Secretary THOMPSON. Sure, absolutely.

[The information follows:]

BIOTERRORISM

We are providing $518 million, roughly the full authorization level in Section 319C–1 of the Public Health Service Act, to improve and expand the capacity of our Nation's hospitals to respond to biological, chemical, and radiological terrorist attacks and situations involving large scale casualties. These funds will supplement the $515 million appropriated for these activities in fiscal year 2003, and $135 million in fiscal year 2002, bringing the total to $1.2 billion over 3 years—a significant investment. The fiscal year 2003 appropriation for the District of Columbia also included $10 million for related hospital preparedness activities. We believe that our investment is significantly contributing to meeting the need of hospitals to adequately prepare to deal with bioterrorism. We are working with the States, the American Hospital Association, American Association of Poison Control Centers, American College of Emergency Physicians, American Academy of Pediatrics, National Association of EMS Physicians, National Association of State EMS Directors,

Association of State and Territorial Health Officials, National Rural Health Association, National Association of Community Health Centers, National Association of Social Workers, and the American Nurses Association. Each State has developed a plan for preparing their hospitals and other health care facilities. These funds will be expended consistent with these State plans and assessments.

Senator SPECTER. So we have some idea as to what it is and how we are getting there.

Mr. Secretary, there is an enormous——

Secretary THOMPSON. If I could.

Senator SPECTER. Yes, go ahead.

Secretary THOMPSON. Pennsylvania has got an obligation of $33 million, and they have only drawn down $9.5 million. There are still $23 million undrawn for the State of Pennsylvania as of right now.

Senator SPECTER. That is the 19 percent drawdown you have talked about?

Secretary THOMPSON. Yes. Pennsylvania has drawn down a little bit more, but it still has $23 million.

Senator SPECTER. And that is a simple matter for them to draw it down?

Secretary THOMPSON. Yes. But this is before we sent out the additional $1.5 billion, which we are in the process of sending out right now.

Senator SPECTER. Well, that is important to move ahead on, and we will assist on that.

Secretary THOMPSON. Thank you.

Senator SPECTER. I was about to say, Mr. Secretary, there is enormous anxiety everywhere as to what is going to happen in the course of the next several days. You are in the command center. You have the responsibility for a big chunk of preparedness on bioterrorism. Can you provide any insights as to what people might expect as we have the countdown to war?

Secretary THOMPSON. We have, of course, gone from code yellow to code orange, and there is a possibility we will be going to code red. I am not sure about that, but there is a possibility.

Senator SPECTER. Are you consulted? Is your Department a party to that determination?

Secretary THOMPSON. The determination is by the Department of Justice and the Department of Homeland Security, but we have very close cooperation and communications with both of those Departments. We work very closely with them.

What we are anticipating is, Senator, that there could definitely be attacks, bioterrorism, chemical, radiological, nuclear, whatever the case may be. We have placed some of our DMAT teams on alert so that they can be moved very quickly.

Senator SPECTER. When you say radiological, what do you mean by that?

Secretary THOMPSON. That is a dirty bomb, a nuclear bomb.

We have divided up the country into 10 regions. We have approximately 8,000 medical doctors, nurses, morticians, and veterinarians that can be called up. We have 600 tons of medical supplies and equipment strategically located in 12 sites around America that we can move to any city in America within 7 hours.

Senator SPECTER. And what kind of paraphernalia do you have in these sites?

Secretary THOMPSON. All kinds of things from masks, to antibiotics, to antidotes, to mark I kits for chemicals. Vaccines are in a different place. There are also masks, other kind of equipment to be used, stretchers and so on, if need be. They are strategically located in 12 sites around America.

Senator SPECTER. Do you have adequate resources to handle that particular issue?

Secretary THOMPSON. We think at this point in time we do, Senator. I think we could allay your concerns tremendously if you would come over and just take a look at what we have, how we are set up to deploy people, equipment, and supplies, and how we are able to monitor everything and stay in communication with every State and local health department.

In our GIS, we are I believe the only one that has in our database every hospital, every fire station, every police station, all of the first responders. We have all the railroad lines in our GIS system. We know daily how many beds are available in each hospital. We can set up plume modeling for any kind of chemical or any kind of gas that is exploded. On a street level, we have every street in America in our GIS database so that we can——

Senator SPECTER. Every street in America?

Secretary THOMPSON. Every street in every city.

Senator SPECTER. Okay. I am going to come take a look.

Secretary THOMPSON. I think you would be very impressed by what we have done.

Senator SPECTER. I want to see the markings on Senator Craig's street.

I want to see how closely you have him tabbed.

Senator CRAIG. Mr. Chairman, when you get ready to go, I will go with you. I would like to see that too.

Secretary THOMPSON. It is absolutely amazing. I would love to have you come over.

Senator CRAIG. The problem is my hometown does not have any streets.

It has a road that goes to it.

Secretary THOMPSON. We have the capacity in our communication room to hook up to any one of 4,000 local TV stations across America so that if something would happen in Idaho, we could bring up the TV stations and find out what is happening on site in that particular area.

Senator CRAIG. That is very impressive.

Mr. Secretary, were you involved in a briefing with the Governors in the last couple of days?

Secretary THOMPSON. No, I was not.

Senator CRAIG. Mr. Chairman, in relation to your express concern here—and it is mine—as to the next 24 to 48 hours, Homeland Security and I believe CIA were involved in a briefing with all of our Governors in the last 24 hours that my Governor tells me was the most comprehensive detail he has yet had and he was very pleased about it. That kind of communication is improving greatly, and the ability now for you all to tie, as you are telling us you can, is a very real advancement.

Secretary THOMPSON. I think if you came over, you would be very impressed.

Senator CRAIG. I will do that. I will make a point to do it.

Secretary THOMPSON. We are in weekly, if not daily, contact with all the State health departments through CDC and through our communication room. So we are keeping everybody very well up to speed as to what is going on, Senator.

Senator CRAIG. Thank you.

OBESITY AND LIFESTYLE

Senator SPECTER. On the issue of obesity and lifestyle, this subcommittee held a hearing in San Francisco during the last recess and developed a lot of fascinating information. A big part of the problem may originate in fast foods where people are encouraged to eat foods which are very harmful, so it is said. There recently was a lawsuit against McDonald's which was dismissed.

What can be done by way of so-called jawboning to try to get fast food chains to do something about the kind of food they serve?

Secretary THOMPSON. I held a meeting, Senator, with several members of the fast food industry and the national restaurant organization. We had a difficult but I think productive meeting and got pledges from them that they would be helpful in trying to put healthier items on their menu.

[The information follows:]

FAST FOOD INDUSTRY

Secretary Thompson has made it clear that obesity is a problem that requires a multi disciplinary approach to address this unprecedented epidemic. HHS has reached out to both public and private organizations, including the fast food industry to find unique ways to establish partnerships that will impact this epidemic.

HHS has strongly encouraged the fast food industry to provide healthy choices on menus, aggressively market those choices to consumers, and reduce portion sizes.

Senator SPECTER. Anything concrete? Anything specific?

Secretary THOMPSON. Nothing specific at this point in time. That is why we are going to try and have this prevention summit. I believe it is in April. I will let you know the date, Senator, and hopefully you can come.

Senator SPECTER. What do you think of the litigation on the analogy to smoking, to dangers in smoking? I see the Justice Department just this week has taken a very strong position about fraud on the tobacco companies in enticing juveniles to smoke, put an enormous figure, into the hundreds of millions of dollars. Is there any analogy to subjecting people to the risks of adverse health from foods which are unhealthy?

Secretary THOMPSON. Well, as you know, there was a lawsuit started and it was dismissed. I am not sure that that is the most correct way to go, Senator. I think that a better way to do it is to bring them in and try and convince them to do it. I spent a half a day at Hamburger University, which is at the McDonald's campus in northern Illinois, and they were willing to be quite supportive to try and get healthier items on their menus.

Senator SPECTER. Well, we would be very interested to see what results you have.

Let me move to a couple of other subjects quickly and terminate the hearing because we have kept you here a long time.

TAX CREDITS FOR HEALTH INSURANCE

You talk about tax credits for health insurance. Is that an administration position?

Secretary THOMPSON. No. It is mine.

Senator SPECTER. It would be a good idea. We see the number of uninsured Americans. If you had a tax credit, that would be a very effective way of dealing with the issue.

Senator CRAIG. Mr. Chairman?

Senator SPECTER. Senator Craig.

Senator CRAIG. Mr. Secretary, you did tie that comment, though, to long term, did you not?

Secretary THOMPSON. Yes.

Senator CRAIG. Thank you. I agree with both, but clearly to introduce long-term health care insurance into our economy would be a tremendous advantage to get people investing in insurance that carries them through to death of that kind.

Secretary THOMPSON. I would also like to see health insurance charge lower premiums for people that lead healthier lifestyles like they do on automobiles.

Senator CRAIG. I agree.

Secretary THOMPSON. It is something that we could work on.

TAX CREDITS ON MALPRACTICE INSURANCE

Senator SPECTER. On the issue of tax credits, one of our colleagues in the Senate is talking about a tax credit on malpractice insurance. We had a hearing last week on that subject, and this is a new idea which is being considered. What would you think of that, which could be tailored to the areas which have the greatest problem at the present time?

Secretary THOMPSON. Senator, I have not looked at it. I am not knowledgeable about that subject. I would like to read it. It seems like it has got some possibilities.

Senator SPECTER. We had a lengthy hearing, Mr. Secretary, and we had responses from Deputy Secretary Claude Allen. I would appreciate it if you could find the time to review Secretary Allen's testimony and give a response to the subcommittee as to whether you think it was adequate in answering the questions which we posed.

Secretary THOMPSON. Okay.

Senator SPECTER. I would appreciate that.

[The information follows:]

TAX CREDIT ON MALPRACTICE INSURANCE

I do not believe that the crisis can be fixed by giving doctors tax credits to help pay the cost of malpractice insurance. This would simply require the taxpayers to pay even more for the cost of the excesses of the litigation system. They already are paying $70 billion as patients and insured for the problems caused by the litigation system. At the same time, a tax credit would do nothing to address the underlying problems of the litigation system. It would feed, not fix, the broken litigation system. We believe the Congress should enact reasonable reforms such as those passed by the House in H.R. 5.

MEDICAL LIABILITY

Senator SPECTER. In looking at medical liability—and there is a lot of concern. Pennsylvania has a very, very serious problem. Quite a number of States do. When we talk about frivolous law-

suits, we are talking about a subject matter which I think really is containable. We have had testimony that 70 percent of the lawsuits are won, but even if the defendants win, the cost of litigation is so high that it boosts rates. There are ways to deal with that, sanctions on lawyers, requirement of a certification by doctors from a panel that there is something to be submitted to the court.

We have taken a look at the insurance industry. There was a problem in Texas on homeowners insurance. Nobody could buy homeowners insurance because there had been so many hurricanes and the insurance companies had invested the money and the stock market had gone down.

MEDICAL ERRORS

The medical errors issue. We are anxiously awaiting your report on medical errors to see to what extent that impacts. When you talk about caps, you are on a very sensitive subject, but I think there is some latitude, if it is done carefully. I think there has to be some exclusion for cases like the transplant victim in North Carolina, something which is catastrophic or something like we had a witness testify about a double mastectomy which was erroneous. They got the wrong x-ray slides. There is a lot of complaint and understandably about the lottery, so to speak, with minor cases coming in with gigantic verdicts.

Would you think that there could be some careful pruning? There are some State laws on liability, for example, of governmental units which exclude what they call catastrophic cases, permanent impairment of bodily function or death or major disfigurement. Would you think that would be an appropriate line to make?

Secretary THOMPSON. Senator, the administration feels very strongly that we need to have cap on noneconomic damages, but what you are looking at are many new ideas that certainly should be explored. I am willing to look at each and every one of them.

We are looking at something in the Department that we are going to try administratively and that is first offer. We do not know if it is going to work, but we are going to try in some of our cases to be able to offer money to a patient that has been harmed and pay for their expenses. We are trying to set it up administratively so that we could do it outside of litigation. They still would have the right to appeal.

Senator SPECTER. First offer by the Government, by the Department of Health and Human Services?

Secretary THOMPSON. That is correct. To see if we could somehow show that this is a new procedure. We are working with a professor I believe in North Carolina that has come up with this new mechanism on how we might be able to reduce litigation.

Senator SPECTER. Well, we would be interested to see the details on that.

Senator Craig, anything more?

Senator CRAIG. I do not have anything more. Thank you, Mr. Secretary, Mr. Chairman.

Senator SPECTER. Thank you very much, Mr. Secretary.

Secretary THOMPSON. Thank you, Senator.

Senator SPECTER. We will be working with you on this.

Secretary THOMPSON. Please do, and I appreciate it.

Senator Craig, thank you.

Senator CRAIG. Thank you.

Secretary THOMPSON. Thank you for your leadership on long-term. That is great.

PREPARED STATEMENT RECEIVED

Senator SPECTER. We have received the prepared statement of Senator Thad Cochran which will be placed in the record.

[The statement follows:]

PREPARED STATEMENT OF SENATOR THAD COCHRAN

Mr. Chairman, thank you for holding this hearing on the 2004 budget for the Department of Health and Human Services. At this important time, we must ensure that we are setting clear priorities and investing wisely in the health and safety of all Americans. Thank you, Secretary Thompson for appearing before us today and for the excellent job you are doing as Secretary of HHS. I appreciated your visit to my state last May.

As we consider the 2004 budget, I think our first priority should be protecting the safety of our country's citizens. While the defense of our country comes frist, we must make increased investments in the health infrastructure of our nation. I am pleased to see the overall commitment of over $3.5 billion in research and infrastructure funding aimed at detecting and responding to a national emergency. This is a wise investment because these public health capacities and research findings improve our ability to respond to naturally occurring disease outbreaks even if no bioterrorist incident ever occurs.

We must also remember that cooperation and coordination between HHS and the Departments of Homeland Security, Agriculture, and Defense are vital to our response to a biological or chemical attack. We must build these relationships before an attack occurs.

We must not forget that our nation also faces other pressing health problems. The biomedical research conducted by HHS has dramatically improved the health of Americans. While the amazing growth of the NIH's budget could not be sustained, the President's budget provides a 2 percent increase. I hope this figure can be increased so that we continue the progress NIH and other agencies have made in understanding disease.

The funding for the Centers for Disease Control also provides for important public health research, especially with regard to chronic diseases. The budget provides an additional $100 million for the prevention of chronic diseases. This initiative has the potential to provide tremendous returns. However, we must not shortchange the other important areas such as infectious disease, birth defects, and occupational injuries.

We must also continue to make investments in clinical and research technology. NIH has been leading this effort. Biomedical technology provides the great promise in the detection, treatment and prevention of disease. It also provides our best opportunity to confront the challenges of medical errors and patient safety.

The budget also provides for those in our country most in need of health. The $1.6 billion provided for Community Health Centers will create access to health care for over 1 million Americans, according to the Department.

The budget also provides $47 million for the Office of Minority Health and $193 million for the National Center for Minority Health and Health Disparities. While it is important for us to continue to increase these funding levels, it is also important for us to continue to work to make sure that this research and outreach takes place in those areas of the country where it is most needed.

Mr. Secretary, thank you for the leadership you continue to provide. We look forward to helping you as you oversee the vital programs that provide us a safe and healthy country.

ADDITIONAL COMMITTEE QUESTIONS

Senator SPECTER. There will be some additional questions which will be submitted for your response in the record.

[The following questions were not asked at the hearing, but were submitted to the Department for response subsequent to the hearing:]

QUESTIONS SUBMITTED BY SENATOR ARLEN SPECTER

MEDICAID DRUG REBATE PROGRAM

Question. You are proposing a Medicaid drug rebate program that is estimated to save $13.2 billion over the next ten years, and save states a similar amount. How much do you estimate will be saved in Fiscal 2004?

Answer. CMS actuaries have estimated that the adjustment to the Medicaid drug rebate formula will save the Federal Government $800 million in fiscal year 2004.

Question. Could this component of Medicaid reform be enacted as a separate, free-standing initiative? Provide bill language that would accomplish this rebate program.

Answer. Yes this legislation could be enacted as a separate free-standing initiative. The savings I just gave you reflect what would be the case without Medicaid and SCHIP modernization. As we have stated previously there are some problems with the current formulation of the drug rebate. There have been a number of suggestions on how the rebate formula might be improved. One option suggested was to change the rebate formula from the difference between Average Manufacturer's Price (AMP) and best price, to the difference between Average Wholesale Price (AWP) and best price. Another was to simply set the rebate equal to a percentage of AMP. Both of these proposals, and others, would save us money. We wish to work with Congress to come up with the plan that best advances the interests of the Federal Government and the American taxpayer.

MEDICAL LIABILITY REFORM LEGISLATION

Question. Last week, you issued a press release applauding the House of Representatives for passage of Medical Liability Reform Legislation. The statement said you looked forward to working with the Senate to pass complementary legislation this year. I chaired a hearing on this subject last week, and the matter of capping non-economic awards at $250,000, without exceptions, for egregious cases, was very controversial. Do you have a compromise plan to gain bi-partisan support in the Senate?

Answer. The Department's report entitled: "Addressing the New Health Care Crisis: Reforming the Medical Litigation System to Improve the Quality of Health Care," shows how problems associated with medical litigation have worsened significantly in the past year. Premiums charged to specialists in 18 states without reasonable limits on non-economic damages increased by 39 percent between 2000 and 2001. Premiums in these states have since gone up an additional 51 percent. This report also documents the spiraling cost of insurance for health care providers, which is impairing patients' access to care, as well as the cost and quality of care.

Therefore, reasonable caps on non-economic damages increase doctors; hospitals' and nursing homes' ability to stay in business, which leads to greater access to care. In addition, caps on non-economic damages reduce the growth of medical liability costs and insurance premiums. Over the last two years, states with limits of $250,000 or $350,000 on non-economic damages have seen increases in premium quotes for specialists increase only 18 percent. States without reasonable limits on non-economic damages, in states representing almost half of the entire U.S. population, have seen average increases of 45 percent. Since California implemented a reasonable cap on non-economic damages and other critical procedural reforms 25 years ago, liability premiums have increased by less than one-third as much as in the rest of the country. It is important to implement caps at $250,000 for the sake of affordability and access to quality health care.

MEDICARE PAYMENT POLICY

Question. MedPAC considers the implementation of a transition method as an important aspect of any new payment system design when establishing its framework for assessing Medicare payment policy issues. Payment corridors, hold-harmless methods, blend approaches as well as phase-in periods have been adopted in different circumstances in order to cushion the impact of payment changes on individual providers and prevent service disruptions. Did CMS consider incorporating any of these methods when designing its new outlier policy?

Answer. Extensive discussions were held on the best approach to solving the problems caused by hospitals exploiting vulnerabilities in the determination of outlier payments.

It must be kept in mind that the goal of Medicare is to make fair and accurate payments for services rendered, these higher payments were made because of a vulnerability in the determination of payments not as a result of the true costs of services provided. The proposed outlier rule will allow CMS to ensure that only hospitals that are truly experiencing higher then expected costs can receive reimbursement.

HOSPITAL COST COMPUTATION

Question. In its September, 1988 rulemaking process, HCFA (now CMS) received a number of comments expressing concern about the timeliness of the data used to compute hospital specific cost-to-charge ratios, the issue that is at the core of the problem addressed by the newly proposed regulatory change. In 1988 some suggested that data from the latest filed cost report be used. CMS dismissed that suggestion stating that Medicare costs are often overstated on the filed cost report and are subsequently reduced by audit; CMS elected to use data from a hospital's final settled cost report to establish the pertinent cost-to-charge ratios. Now CMS is proposing to use information from a hospital's tentatively settled cost reports to calculate hospital specific ratios. To what extent do hospitals costs change between tentative and final settlement?

Answer. Hospital costs can either increase or decrease between tentative and final settlement. When a cost report is received by the FI they ensure the cost report is complete before accepting it. Once the cost report is accepted the FI has 60 days to make a tentative settlement on this cost report. The tentative settlement process usually entails looking at the providers past cost report history and making any necessary adjustment to the current cost report based on prior year data. In order to final settle the cost report, the FI will perform a desk or field review of the cost report. Based on the review, adjustments are made to costs, charges, and reimbursement in order to final settle the cost report. This final settlement represents final payment to the provider.

There is a variation in the change of hospital costs between tentative and final settlement, depending on the areas reviewed and the results of the review. However, it is highly unlikely that the cost from the tentative to the final settled cost reports would change as much as the latest changes in the cost per case (over 12 percent from 2001 to 2002). With this amount of year-to-year change in charges, it is imperative to use the latest available cost-to-charge ratio. Reconciliation at final settlement will take care of any large differences used for payment and the actual ratio.

Question. Is the concern expressed by CMS in 1988 any less valid today?

Answer. No, this issue is still pertinent, filed cost reports have not been reviewed and if necessary audited, and are not an appropriate basis of final payment. For this reason the proposed outlier rule uses tentative cost reports which can include adjustments for "known" issues, to determine the initial payments. Final settlements are used to adjust the initial payments and if necessary an adjustment for the time value of money will be made if the initial payments were inaccurate.

Our goal is always to make the most accurate payment possible. The proposed outlier rule highlights that a change was necessary to prevent hospitals from exploiting vulnerabilities in the determination of outlier payments. Using tentative cost reports will help eliminate a vulnerability in the system, and using the final settled cost reports to determine final payments ensure their accuracy.

MEDICARE DRUG BENEFIT

Question. The President's budget dedicates $400 billion over ten years for targeted improvements and modernization of Medicare, including providing access to subsidized prescription drug coverage. The Senate Budget Resolution also contains a $400 billion reserve fund for Medicare. What would your proposal offer in prescription drug coverage for those who stay in the traditional fee-for-service Medicare program, compared to those who opt for a managed care plan?

Answer. The President's Framework to Modernize and Improve Medicare gives beneficiaries immediate help with their prescription drug bills starting in 2004, for beneficiaries in both traditional fee-for-service and Medicare + Choice plans. A drug discount card will allow all beneficiaries to save 10–25 percent off retail prices on their medicines. Low-income beneficiaries will also get a $600 benefit added to the drug card.

Beginning in 2006, beneficiaries will have three options for their Medicare benefit: Traditional Medicare, Enhanced Medicare, and Medicare Advantage. Under, the first option, Traditional Medicare, beneficiaries could continue receiving their care

through the existing program, while getting a drug discount card that will allow them to save 10–25 percent on their prescription drug bills. For no additional premium, fee-for-service beneficiaries will also get protection from high out-of-pocket drug costs.

Under the second option, Enhanced Medicare, beneficiaries could choose to receive integrated benefits and drug coverage offered through a FFS/PPO plan, like FEHBP or TRICARE. Plans would bid to serve one or more of 10 different regions in the country, and the three best qualified bids in each region would be awarded the opportunity to compete for beneficiaries' business. All beneficiaries in a region would be guaranteed access to all plans serving a region. Beneficiaries who enroll in the plan submitting the middle-priced bid in their region would pay a premium equal to the Part B premium in traditional Medicare. Those choosing the plan with the low-priced bid would receive most of the savings, while those choosing the high-priced bid would pay a supplemental premium. All beneficiaries would pay an additional premium for drug coverage, except for those with low incomes. New benefits in the enhanced package include a combined deductible for Part A & B services, free preventive benefits, and protection from high out-of-pocket medical costs.

Under the third option, Medicare Advantage, beneficiaries could choose to receive the integrated benefits and drug coverage through a managed care plan. Plans in competitive markets would bid to provide the enhanced benefit package. Beneficiaries who select the most efficient plan could share in the premium savings (and possibly pay no premium). Beneficiaries could select a plan without drug coverage if they are satisfied with their current coverage. Like Enhanced Medicare, beneficiaries would pay an additional premium for drug coverage, unless they are low-income.

Question. What additional coverage are you suggesting for preventive health services, such as nutrition education?

Answer. Beneficiaries enrolled in Enhanced Medicare and Medicare Advantage will be able to receive preventive services absolutely free—all current co-pays will be waived. As you may know, the Medicare currently covers screening mammography, screening pap smears and pelvic exams, colorectal cancer screening, prostate cancer screening, glaucoma screening, diabetes self-management, medical nutrition therapy, bone mass measurements, and certain vaccines. The President's Framework promises that the cost of a co-pay will never stand in the way of this potentially life-saving preventive care.

PHYSICIANS' PAY

Question. Congress replaced a 4.4 percent cut this year in Medicare payments for physicians, with a 1.6 percent increase. Will this correction be sufficient to avoid a payment cut in 2004?

Answer. The enactment of the Consolidated Appropriations Resolution (CAR) corrected a statutory flaw in the physician payment formula resulting in multi-year, permanent changes in Medicare expenditures for physicians' services. The CAR provision increased Medicare spending by an estimated $49.6 billion over 10 years by allowing the Centers for Medicare and Medicaid Services (CMS) to revise the fiscal years 1998 and 1999 sustainable growth rates (SGRs) and establish a 1.6 percent update to physician fee schedule rates for March 1 to December 31 in place of the 4.4 percent reduction announced in our December 31, 2002 final rule. The revisions CMS made to the fiscal year 1998 and fiscal year 1999 SGRs allow the physician fee schedule update and SGR system to work as originally intended by the Balanced Budget Act of 1997.

While CMS had previously estimated positive updates for 2004 and later years, we now estimate physician fee schedule updates will be negative for 2004–2007 as a result of higher spending in 2002 for physicians' services and lower real GDP per capita for both 2002 and 2003 than previously estimated. The revisions made to the fiscal year 1998 and fiscal year 1999 SGRs will result in higher physician fee schedule updates for years beginning with 2004 than would have occurred had the CAR of 2003 not been enacted.

Question. What would be the impact on the pay update of excluding the cost of outpatient prescription drugs from the calculation of spending targets for physician services?

Answer. We previously estimated a physician fee schedule update of 1.7 percent for 2004. However, more recent data on actual spending in 2002 and new figures for real per capita GDP changed this estimate to 4.2 percent. We estimate that 44 percent of the change is the result of higher physician spending (other than for drugs). Another 41 percent of change is the result of lower GDP figures for 2002 and 2003. Another 10 percent of the change is the result of higher spending for

drugs and the remaining 5 percent is the result of a small reduction in the estimated Medicare Economic Index (MEI). More information on 2003 spending and real per capita GDP growth will likely change this figure further. The 2004 update would be somewhat less negative if spending for currently covered drugs were removed from the measurement of spending under the 2003 sustainable growth rate.

SMALLPOX VACCINATION PROGRAM

Question. Public health groups are now estimating that the cost of implementing the Smallpox Vaccination Program would range between $154 and $284 per vaccination with a median cost of $204. Does the Administration plan to request an appropriation in the emergency supplemental to provide states with resources so that they may carry out the Smallpox Vaccination Plan without diverting funding from other bioterrorism preparedness or core public health activities?

Answer. We understand that these estimates include a range of costs over and above the direct costs of running an immunization campaign. They include, for example, costs of infrastructure that States should be building with the funds they have already received, costs of the added epidemiologists that funds have been appropriated to cover, and a range of potential indirect costs that State public health departments would not have to pay. CDC is making every effort to assist States in implementing the smallpox vaccination program including providing training to the States, offering technical assistance on administering the smallpox vaccine, and providing education to clinicians, public health groups, and State health officers and organizations. To help implement these plans, CDC and HHS is allowing States to request immediate use of 20 percent of their fiscal year 2003 Bioterrorism grant allocation to be used for immediate needs including implementing the smallpox vaccination program. Although this may not cover all the costs associated with the vaccination, CDC is committed to helping the states in every way possible.

HEAD START

Question. Mr. Secretary, the Administration's budget proposal has identified the fiscal year 2004 as the transfer transition year for Head Start, with the Department of Education taking over administration in 2005. Please provide the specific evidence available that indicates that the Head Start program would better achieve its goals under the stewardship of the Department of Education and therefore support this proposed transfer?

Answer. What I can assure you is that as long as Head Start is in the Department of Health and Human Services, I am going to do everything I possibly can to improve it an make it better.

Over the past two years we have increased our efforts to help Head Start programs enhance school readiness and the development of early literacy skills. In April 2002, the President announced his Good Start/Grow Smart initiative which is designed to assure that every Head Start teacher has the training skills they will need to provide Head Start children the early literacy, language, and numeracy skills they will need to be successful in school. The Strategic Teacher Education Program, knows as STEP, launched last summer, was designed to ensure that every Head Start program and every classroom teacher has a fundamental knowledge of early development and literacy, and of state-of-the-art early literacy teaching techniques. Good Start, Grow Smart calls for not only the improvement and strengthening of Head Start through intense, large-scale efforts in the areas of early language and literacy, but also for a method to track the results of this effort. This fall we will begin implementing the Congressionally mandated assessments of the school readiness of all the four-year old children in Head Start.

Question. What specific actions are being taken by either Department related to this transition year?

Answer. Under the proposal to transfer Head Start to the Department of Education, fiscal year 2004 would be a transition and planning year with implementation in fiscal year 2005. An Interagency Task Force was created in 2001 to consider issues related to the transfer. However, our Department is currently focusing its main efforts on the existing fiscal year 2003 priorities, such as improving early literacy skills in Head Start and developing a national reporting system to better assess child outcomes. This will create a stronger program and we anticipate improvements will continue, should the administration of Head Start be transferred. We are prepared to do the necessary transition planning in fiscal year 2004.

HEAD START FACES AND IMPACT STUDY

Question. Mr. Secretary, in your prepared statement for testimony before this subcommittee on March 19, 2003, you indicated that: "Children in Head Start enter

school further ahead than other economically disadvantaged children. But unfortunately—even after 30 years—Head Start children do not enter school at the same level as more economically advantaged children." This subcommittee has allocated substantial resources for HHS to carry out evaluations of the Head Start program, including FACES and the National Head Start Impact Study. Please provide the subcommittee with a summary of the latest school readiness-related, program quality, and child development findings from the FACES evaluation, as well as a status report on progress made related to the Impact Study.

Answer. The Head Start Family and Child Experiences Survey (FACES) is an ongoing, longitudinal study of Head Start program quality and child outcomes, which currently has two nationally representative cohorts (1997, 2000) and plans for a third. While it does not have a control group of children who are not in Head Start, it does provide important information on program quality over time, and child outcomes from program entry through kindergarten follow-up. FACES uses a sample of classrooms, children, and families that is scientifically representative of all Head Start programs. Child outcomes can be compared with national averages for children of all income levels on a range of standardized assessments. From FACES we find:

The average Head Start classroom is of "good" quality as an early childhood learning environment, consistently over several years of measurement. On the Early Childhood Environment Rating Scale (ECERS), a widely used and well-respected instrument for evaluating quality of early childhood programs, scores can range from 1 (meaning "inadequate") to 7 (meaning "excellent"). In both FACES 1997 and FACES 2000, typical Head Start classrooms received ratings just below 5, or "good."

Few classrooms scored below minimal quality. In FACES 1997, no Head Start classroom in the national sample received a mean ECERS score in the "inadequate" range (1 or 2). In 2000, a few classrooms (two-percent) scored in that range.

The use of integrated curriculum is linked to program quality. In FACES 2000, Head Start programs using the two most widely used integrated early childhood curricula—Creative Curriculum (39 percent) and High Scope (20 percent)—were found to have higher average ECERS language and overall quality factor scores than programs that used "other" curricula.

In addition, FACES 2000 has found that Head Start teachers have higher levels of educational attainment than teachers studied in 1997–1998.

The FACES study allows comparisons of Head Start scores with national averages for children of all income levels. Children enter Head Start with vocabulary scores that are at about the 16th percentile nationally. They made significant progress over the Head Start year, in both the 1997 and 2000 cohorts. For example, English proficient children in FACES 2000 gained 3.8 points in standard scores from 85.3 to 89.1. Methodologists have called such gains "educationally meaningful" and they are greater than the gains made by the typical child of this age, regardless of income level. However, they do not raise Head Start children to the national average in vocabulary scores. Adding in children who were not proficient in English on entry into the program, the average standard score in vocabulary changes from 81.4 to 85.7, representing a gain of 4.3 standard score points over the 2000–2001 year.

In another important literacy area, pre-writing, Head Start children make significant gains relative to national norms (in FACES 2000, 85.1 to 87.1), but are still below national averages. This gain in early writing is slightly smaller than that seen in FACES 1997, although still significant.

In FACES 2000, Head Start children are scoring higher on assessments of letter recognition and book knowledge, areas in which they lagged in 1997–1998. First, Head Start children in FACES 2000 are making more progress in the area of letter recognition than they did in 1997–1998. Their scores meant that children learned the equivalent of 5 additional letters in Head Start and knew an average of 9 letters at the end of the program year. In relation to national norms on the Letter-Word sub-test, Head Start children advanced about as much as the typical preschool-age child, and performed better than the 1997 cohort but still remained below the national norm.

Second, Head Start children are performing better in the area of book knowledge. Book and print concepts do not have national norms available, but in FACES 1997, children did not show advances in this type of knowledge from fall to spring. By contrast, in FACES 2000, mean scores showed a significant gain, from 1.61 in the fall to 2.46 in the spring.

In addition, Head Start children showed growth in social skills and reduction in hyperactive behavior during the Head Start year, according to teacher ratings of behavior. Behavior in Head Start is a predictor of the child's adjustment and performance in early elementary school. Children whose teachers rated them higher on social skills at the end of Head Start were also rated higher by Kindergarten teachers.

Children whose teachers rated them higher on social skills and lower on behavior problems also scored better on cognitive assessments at the end of Kindergarten, even when their Head Start assessments were taken into account.

The Head Start Impact Study is a longitudinal study involving approximately 5,000 three- and four-year old children across 75 nationally representative grantee/delegate agencies (in communities where there are more eligible children and families than can be served by the program). The participating children have been randomly assigned to either a Head Start group (that receives Head Start program services) or a control group (that does not receive Head Start services but may enroll in other available services selected by their parents or be cared for at home). Every effort was made to minimize the burden on individual programs and not to significantly change typical enrollment and recruitment procedures.

Children enrolled in Early Head Start, Migrant Head Start, and programs operated by Tribal organizations, as well as those considered extremely new (i.e., in operation approximately less than 2 years), and those considered severely out of compliance were not included in the study.

Great care was taken to include only programs that were not able to serve all of the eligible children in their community. It was important to have a sufficient number of unserved, eligible children available who could be randomly assigned to a control group, without causing any fewer children to be served by the program than would otherwise be the case. These "saturation" determinations were based on grantee/delegate agencies' own reports of enrollment levels in the fall of 2001, along with other available information.

Data collection began in the fall of 2002 and is scheduled to continue through 2006, following children through the spring of their first grade year. It includes twice yearly in-person interviews with parents, in-person child assessments, annual surveys with care providers and teachers, direct observations of the quality of different care settings, and teacher ratings of children. Data collection will include:

—Individual child data in areas related to school readiness, such as physical well-being and motor development, social and emotional development, approaches to learning, language usage and emerging literacy, cognition and general knowledge;

—Information pertaining to parenting practices, family resources and risk factors, demographic and socio-economic data, and family structure, including parents' descriptions of the types of literacy activities they engage in with children at home;

—Information on structure, process, and quality of Head Start, child care, and school settings through first grade, including teachers' reports on their credentials and experience. Trained observers will assess the quality of different care settings, including assessments of classroom resources and instructional practices; and

—Community level data relating to the availability and means of formal and informal family support services.

An interim report is scheduled for September 2003 and the final report in December 2006.

EARLY LEARNING FUND

Question. The Performance Assessment Rating Tool for the Head Start program, stated that Head Start is not well coordinated with other early education and care programs. However, the Administration has once again proposed to eliminate funding for the Early Learning Fund, a program that seeks to remove barriers to the provision of an accessible system of early childhood learning programs in communities throughout the United States and facilitate the development of community-based systems of collaborative service delivery models characterized by resource sharing, linkages between appropriate supports, and local planning for services. Why does the Administration oppose funding for this program, when it could help states and local communities meet the stated goals of coordination, program improvement, and early care and education services?

Answer. No funds are being requested in fiscal year 2004 for the Early Learning Opportunities Program because the fiscal year 2004 budget provides funding for similar activities in the Department of Education through the Early Reading First program and the Early Childhood Educator Professional Development Grants.

COMPASSION CAPITAL FUND

Question. On December 12, 2002, I was in Philadelphia with President Bush for the White House Conference on Faith-based and Community Initiatives. It was an appropriate setting, as members of the Philadelphia community, in particular Pub-

lic/Private Ventures, have been leaders in the area of faith-based and community initiatives. During his remarks, President Bush highlighted the Amachi program run by Public/Private Ventures, which is serving as the model for the Mentoring Children of Prisoners proposal. As you know, this subcommittee has been very supportive of the faith-based agenda, and just last year, funding for authorized programs received an increase of almost 50 percent. Can you provide the subcommittee with an update on the early lessons learned through grant funding provided by the compassion capital fund, and explain how these lessons are informing planning and implementation for the mentoring program and the President's new substance abuse voucher program, as well as the broader issue of providing an appropriate opportunity for faith and small community based programs to compete for grants programs administered by your Department?

Answer. Although we are in the early stages of implementation for the Compassion Capital Fund, we have already contracted with two research and development firms to begin the necessary work toward performance measurement. Those firms will assess best practices in faith-based organizations through several CCF demonstration project grantees within a sample of eight to 10 intermediary organizations. This effort is part of a comprehensive strategy to develop measures that will not only assess the outcomes of the program's efforts, but will also highlight what strategies work in utilizing this group of organizations to provide services. Using information culled from the assessment of grantees, the contractors will develop and maintain the National Resource Center. The National Resource Center will document programs operated under the Compassion Capital Fund so that practices are measured, and successes emulated or expanded. We will share our findings and experiences across government with interested agencies and programs, including those involved in mentoring programs and the President's substance abuse voucher program.

The Family and Youth Services Bureau (FYSB) within the Administration on Children and Families has been assigned the responsibility for implementing the Mentoring Children of Prisoners program. FYSB has developed a program announcement soliciting applications for grant funding for the program and expects to publish the announcement in the Federal Register early this summer. While no funding has been obligated to date, we anticipate making all grant awards and obligating all funding by September 30, 2003. We expect to make awards to a wide range of eligible applicants, including community and faith-based organizations, State and local units of government, and Tribes.

The President's new substance abuse voucher program, Access to Recovery, is an innovative client-based program to increase access to substance abuse treatment. We recognize there are several pathways to recovery. Access to Recovery will increase substance abuse treatment capacity by allowing an individual to use Federal substance abuse dollars to choose effective treatment organizations, including faith-based organizations. Individuals in need of treatment will first be assessed and then will receive a voucher to pay for an appropriate level treatment. This program emphasizes consumer choice and will reward treatment effectiveness.

More broadly, the department has been busy eliminating the barriers that in the past have prevented faith-based and community-based organizations entry into the Federal funding stream. The Compassion Capital Fund program, for example, supports intermediary organizations to assist faith-based and community organizations in helping faith-based and community organizations expand their capacity to provide needed services to the community. Intermediaries assist these small groups in their efforts to improve effectiveness and organizational management, access funds from diverse sources and manage those funds, develop and train staff, expand the types and reach of social services programs in their communities and develop promising collaboration among organizations dedicated to social service delivery. A National Resource Center is also being established by the Compassion Capital Fund for small faith-based and community organizations. Other accomplishments include making applications more user-friendly, promoting diversity in the grant review panels, and eliminating preference points for organizations previously awarded grants. With these efforts, and the assistance of intermediary organizations, the Department is building a bridge between the federal government and small faith-based and community organizations in the provision of needed services to distressed individuals and communities.

UNACCOMPANIED CHILDREN TRANSFER TO ORR

Question. Mr. Secretary, as you know, section 462 of the Homeland Security Act of 2002 transferred the INS Unaccompanied Alien Children program to the HHS Office of Refugee Resettlement. Please provide the subcommittee with your plan, in-

cluding timeline and budget requirements, for appropriately implementing this provision of the law.

Answer. The UAC program was transferred from INS to the Office of Refugee Resettlement (ORR) on March 1, 2003. Along with this transfer, the fiscal year 2003 funding base of $34.2 million was established for this program. Unobligated fiscal year 2003 funds in the amount of $20.142 million were transferred from INS to ORR on February 28, 2003, in a Determination Order. Much of the transferred balance was committed by INS for shelter care grants and contracts for secure detention prior to the transfer of this program to HHS. These previously existing grants and contracts were transferred to ORR. Twenty-one full-time positions also transferred to ORR.

Consistent with Section 462 of the Homeland Security Act and the Flores v. Reno settlement agreement, ORR will provide care and placement for these children in the least restrictive setting possible. To this end, we are (1) scheduling site visits to review all existing facilities under contract to the former INS, (2) entering into cooperative agreements with the two agencies experienced in the refugee unaccompanied minor program to expand shelter and foster care capacity, and (3) developing training for all staff on the assessment of the children and the facilities.

ORR is currently working with the Department of Homeland Security to finalize a Memorandum of Understanding to specify roles and responsibilities for each agency under the transfer.

The fiscal year 2004 President's Budget includes $34 million in ACF to support the UAC program. This funding level represents an estimate developed before the transfer had been completed. The UAC budget request does not include costs associated with activities not previously performed by INS, newly authorized in the Homeland Security Act, or to reach full compliance with the Flores v. Reno settlement agreement. We look forward to working with Congress to ensure that adequate support is provided for the care of these children.

MEDICARE HEARINGS TRANSFER

Question. What planning and transition activities are being undertaken with SSA to ensure that a timely and smooth transition occurs, if legislation is enacted that transfers the Medicare appeals function effective October 1, 2003, as proposed in the President's budget?

Answer. The Department and SSA have agreed in principle to transfer this function currently performed by SSA's Office of Hearings and Appeals. Negotiations over the details and timing of the transfer are on-going. CMS is preparing a Memorandum of Agreement that will reflect these decisions.

We can transfer the responsibility by October 1, 2003, but to transfer the work itself would be a monumental task to accomplish. For one thing, the existing moratorium on hiring new administrative law judges has not been lifted. For another, CMS's fiscal year 2003 budget did not include funding for appeals reform so they have not been able to begin building the framework of systems and operational support that needs to be in place before this transfer can occur. These activities would normally require 12 to 15 months. Given the delays and costs of the existing process, we would ideally like to have sufficient time and resources to design a process that provides fair and timely hearings for our Medicare beneficiaries.

HEALTH WELLNESS

Question. Under what circumstances would you support funding a chiropractic demonstration project on health (Wellness) enhancement rather than merely the treatment of pain or disease?

Answer. AHRQ has supported research in the area of chiropractic care. One study found that chiropractic care is the most commonly used alternative therapy for back problems, and is as effective as medical care alone for reducing disability and pain in patients with low back pain. To date, the Agency has not supported the wellness aspect of chiropractic care. To continue to build the evidence-base in the area of chiropractic care, AHRQ would give research proposal(s) in this area every consideration under its peer review process.

Question. Given the growing support for lower healthcare costs with evidence—board wellness care. Under what circumstances would you support projects that develop wellness models for health delivery?

Answer. Evidence on effectiveness of care should drive the implementation of wellness models that have been shown to improve health outcomes and quality of life. AHRQ could evaluate the results of biomedical and behavior change research in this area.

QUESTIONS SUBMITTED BY SENATOR TOM HARKIN

HEAD START

Question. Mr. Secretary, under the Administration's Head Start reauthorization proposal, funding for training and technical assistance in fiscal year 2004 would be reduced by approximately $65,000,000 at the same time that Head Start programs are being asked to implement new child and family literacy and other school readiness activities proposed in the Good Start/Grow Smart initiative, as well as a new outcomes-based accountability system. Please explain specifically how much training/technical assistance funding will be allocated to support these initiatives, as well as identify specifically what costs will be borne by local programs and what source(s) of funds will be available to them to pay for related activities. In addition, what types of training are currently being conducted by local Head Start programs that will have to be foregone in fiscal year 2004 in order to perform these new initiatives?

Answer. The training and technical assistance budget has grown dramatically in the last several years when compared to the number of children served. Since fiscal year 1990, for example, funding for training and technical assistance has grown 300 percent, while enrollment has increased by only 58 percent. Moreover, grantees have received considerable training and technical assistance resources as part of the allocation of quality improvement funds. For example, grantees currently receive $80 million annually for training and related costs designed to increase the number of teachers with college degrees. Allowing the Secretary discretion to best target these funds means that in fiscal year 2004, we will be able to serve almost 10,500 additional disadvantaged children and families in areas of the country which have the greatest unmet need for Head Start services.

The full costs to grantees of implementing the national reporting system will be made available to grantees from the fiscal year 2003 increase, so grantees will not need to reduce any current activities to pay for those costs. Further, much of the early literacy training has been and will continue to be allocated directly to grantees to cover travel and other costs associated with this training, so again there will not be large costs being incurred by grantees.

Grantees, in fiscal year 2004, will continue to be able to address important T&TA issues. We will work with all of our grantees to assure that they have adequate resources to meet their priority needs and will, as necessary, make adjustments in the amount of T&TA resources expended on other areas to assure that this can happen.

CHILD CARE DEVELOPMENT BLOCK GRANT

Question. A recent report by the Southern Regional Initiative on Child Care after interviewing administrators in 15 states and the District of Columbia found that states and localities were collaborating successfully with Head Start in many areas. The Child Care and Development Block Grant currently gives states a great deal of flexibility and they can choose to take advantage of this flexibility to encourage collaboration by aligning their policies with Head Start in areas such as eligibility, eligibility redetermination, reimbursement rates, hours of care, etc. However, the report found that the major barriers to collaboration were not related to Head Start policies but rather were caused by state policies for subsidized child care. How does the administration plan to provide states with the resources necessary to improve their child care policies in order to strengthen collaboration?

Answer. The Administration is committed to promoting collaboration across early childhood programs. Head Start, child care, and other programs can best meet the needs of families and children by working together.

However, we do not believe that barriers to collaboration are solely caused by State policies for subsidized child care. The Southern Institute on Children and Families report found that "respondents generally agreed that polices were not a barrier to collaboration, but a few State child care policies were cited as burdensome to Head Start providers *because they required programs to operate differently* (emphasis added, p.6)." From the perspective of a child care provider wanting to collaborate, Head Start policies might seem burdensome because they are different from child care policies.

There are fundamental differences between the Child Care and Development Fund (CCDF)—which awards monies to States for child care subsidies and quality improvements—and the Head Start program. CCDF supports parental choice by primarily giving families vouchers that they can use with an array of providers in the private child care market while Head Start is a single-design, center-based program operating within prescriptive Federal parameters [Note: Early Head Start (EHS) has a home-based option, a center-based option and a combined option]. CCDF dol-

lars are awarded to States while Head Start grants go directly to local entities. As a condition of eligibility, CCDF requires families to work or attend training or education while Head Start does not. Head Start requires parent involvement in services to their children, CCDF does not. Head Start focuses on serving families below the poverty level, while CCDF concentrates on families transitioning from or at-risk of needing public assistance (some of whom are above poverty). These and other differences make collaboration between the two programs a challenge, but as the Southern Institute report found, not an insurmountable one.

Under President Bush's plan to better prepare children for kindergarten, the Administration has proposed a statutory change that would allow States to better coordinate early childhood programs. States would be given the option to manage Head Start funding, allowing them to coordinate Head Start with other preschool programs in exchange for meeting certain accountability requirements.

Additionally, the Child Care and Head Start Bureaus are taking steps to encourage coordination. For example:

—The Child Care Bureau (CCB) has been charged with implementing aspects of the President's *Good Start, Grow Smart* initiative to help prepare children for school. This includes working with States to develop early learning guidelines, professional development plans, and collaboration plans. CCB's technical assistance effort, including a recent series of regional planning workshops, is designed to meet the needs of the entire array of child care settings and providers and to encourage collaboration across programs.

—The Child Care and Head Start Bureaus jointly fund the Quality in Linking Together (QUILT) technical assistance initiative to support full-day, full-year partnerships among childcare, Head Start, prekindergarten, and other early education programs. QUILT provides training, on-site consultation, written materials, and a website of resources (www.quilt.org), and is particularly adept at strategies to blend or braid funding.

—The Child Care and Head Start Bureaus encourage collaboration between Early Head Start grantees and infant/toddler child care providers, for example, by sponsoring joint training institutes. The Child Care Bureau's new National Infant and Toddler Child Care Initiative will provide technical assistance and consultation to help teams of State stakeholders achieve system-wide improvement in infant and toddler care.

Question. Mr. Secretary, in your prepared statement for your Department's budget hearing on March 19, 2003, with respect to Welfare Reform, you wrote: "we are committed to working with both the House and Senate to ensure legislation moves quickly and is consistent with the President's budget." Before the Senate Committee on Finance, you stated your support for additional child care funding in fiscal year 2004. Given that Senate Budget resolution assumes a discretionary spending increase in the Child Care Development Block Grant of $214 million, while the President requested level funding, and the resolution assumes a mandatory spending increase in the Child Care Development Block Grant of $200 million, will the Administration put forth a budget amendment consistent with these proposals? If not, does the Administration support these increased resources and will it propose appropriate offsets?

Answer. The Administration would support increased child care funding, such as proposed in the House-passed TANF reauthorization bill (H.R. 4), as it is accompanied by strengthened TANF work requirements and improvements to the overall TANF program, and is accommodated within the context of the overall budget.

INDEPENDENT LIVING VOUCHER PROGRAM

Question. Mr. Secretary, I applaud the Administration's awareness of the unique circumstances faced by individuals who will age out of foster care, and its goal to help improve upon this situation with the new Independent Living Voucher program. As you are aware, the Congress provided approximately $42 million in the Department of Health and Human Services Appropriations Act, 2003 to support this new program. Please explain your plan for implementing this new program, specifically how federal funds will be used efficiently and effectively in conjunction with the base Independent Living program and other programs and nonfederal funding streams to better serve the needs such individuals.

Answer. As you mentioned, several purposes of the base Chafee Foster Care Independent Living Program (CFCIP) focus on services and supports to improve the educational outcomes for individuals aging out of foster care. A recent survey indicates States are providing a wide range of services to ensure that youth will stay in and complete high school in order to be eligible for the newly available post secondary education and training vouchers. These services include tutoring, remedial instruc-

tion, the purchase of books, equipment, supplies and school related travel and transportation.

Presently, we are developing guidance to the States to direct the effective implementation of the Education and Training Voucher program (ETV). The guidance requires States to submit an application amending and expanding the base CFCIP plan, specifically the educational assistance component. This application requires States to describe how they will implement the new voucher program and its required conditions, including strengthening the educational activities already in place.

States are also being encouraged to coordinate their program with other appropriate education, training and dropout prevention programs. These programs include, but are not limited to, the Department of Education's Upward Bound program, the Department of Labor's Workforce Investment Programs for out-of-school youth, and private sector initiatives such the Orphan Foundation of America's Scholarship program and the Community College Foundation's Peer Counseling program in California.

Another way we hope to ensure efficiency is by encouraging States to work with the student financial offices of educational and training institutions to certify an individual's eligibility for the voucher program. In the guidance, we specifically reference the Free Application for Student Financial Assistance (FASFA) as a resource to assist jurisdictions in certifying eligibility for the ETV program. States are encouraged to use the FASFA as it may be a helpful tool for identifying youth eligible for the ETV program as a part of the case planning activities specifically related to preparation for post secondary education and training; and as a method for certifying the youth's financial status.

QUESTION SUBMITTED BY SENATOR ERNEST F. HOLLINGS

STROKE

Question. Mr. Secretary, I would like to spend a minute discussing your agency's stroke-related activities. As you know, stroke is the third leading cause of death in United States and a major cause of permanent disability. My home state of South Carolina falls within the group of Southeastern states known as the "Stroke Belt" where stroke death rates are significantly higher than the national average. More than half of my state falls within the "Stroke Buckle," a part of the "Stroke Belt" where stroke death rates are twice the national average. South Carolina is at the epicenter of an epidemic. We have the highest stroke death rate in the nation and have held that unfortunate distinction for the past five decades.

I noted with great interest the recent release of the CDC's the "Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States." The document does a great job defining the extent of the problem but does not prescribe a solution to the. problem. For that we need a larger portfolio at the NIH. I am concerned given the significant impact that stroke has on the lives of so many citizens, the NIH invests only 1 percent of its budget on stroke research. At the encouragement of this Subcommittee, the National Institute of Neurological Disorders and Stroke's Stroke Progress Review Group identified critical gaps in stroke knowledge and outlined 5 research priorities and 7 resource priorities. Mr. Secretary, what can you tell us about your plans to implement these recommendations? I would also appreciate hearing any additional plans you may have to alleviate and prevent stroke in the "Stroke Belt" and the "Stroke Buckle?"

Answer. NIH continues to place a high priority on stroke-related research. The stroke program of the National Institute of Neurological Disorders and Stroke (NINDS) ranges from basic investigation of stroke mechanisms through large studies of risk factors and clinical trials aimed at prevention or treatment. Interventions under investigation besides the "clot-buster," t-PA, include drugs, surgery, vitamins, physical therapy, and psychosocial modalities. Research is also targeted to special issues of stroke in minority populations, women, and children, and in geographic regions such as the "stroke belt."

The NINDS has formed a Stroke Working Group (SWG) of Institute Program Directors who work on stroke to implement the recommendations of the Stroke Progress Review Group (SPRG). This group matched current NINDS stroke activities to SPRG goals, including basic genetic studies, research to understand the process of stroke recovery, development of better animal models of stroke, expansion of stroke imaging research, and development of new designs and methods for stroke clinical trials. The NINDS Stroke Working Group continues to meet regularly to re-

view progress in implementing the recommendations of the SPRG, and to discuss plans for future activities.

The NINDS already supports, or is planing, a variety of stroke center programs that address a number of SPRG recommendations. A new initiative, Specialized Program of Translational Research in Acute Stroke ("SPOTRIAS") will facilitate translation of basic research findings into clinical practice, in settings where patients are evaluated and treated very rapidly after the onset of their symptoms. The intent of the SPOTRIAS is to support a collaboration of clinical researchers from different specialties whose collective efforts will lead to new approaches to early diagnosis and treatment of acute stroke patients. Training and career development will be part of the SPOTRIAS program.

Other ongoing efforts are focusing on expanding education and training of stroke medical and research personnel, a resource priority identified by the SPRG. Initiatives in this area include the Mentored Clinical Scientist Development Award, Mentored Patient-Oriented Research Career Development Award, NINDS Career Transition Award, and the Mid-Career Investigator Award in Patient-Oriented Research.

We know the "Stroke Belt" is an area in the Southeastern United States with stroke mortality rates approximately 25 percent above the rest of the nation, and contains a region of even higher stroke mortality (the "Stroke Buckle"). African American stroke mortality is 50 percent higher than in whites. The NINDS has initiated several studies to address this phenomena. The NINDS, NHLBI and NCRR are jointly supporting a Stroke Prevention/Intervention Research Program at Morehouse School of Medicine in Atlanta. The goals are to further understand the etiology of stroke among rural and urban African Americans who reside in the Stroke Belt. Based on the data obtained, community-specific stroke prevention and intervention projects will be crafted and evaluated. Additionally, the Institute supports a study, "Etiology of Geographic and Racial Differences in Stroke" in Alabama. The role of geographic and racial differences in incidence as contributors to the differences in mortality rates will be examined and risk factors estimated. Also, the role of candidate genes for stroke will be investigated. This study addresses the wide range of hypothesized causes of the excess stroke mortality in the Southeastern US and among African Americans, and will provide information to design interventions to reduce the excess stroke mortality in these populations.

QUESTIONS SUBMITTED BY SENATOR ROBERT C. BYRD

MEDICARE PLUS CHOICE

Question. As I hear all this rhetoric about injecting competition and choice into Medicare to save the program, I must ask myself, where's the competition and choice in my State? There are only two Medicare HMOs in the whole State of West Virginia, and they enroll less than two percent of the entire State's Medicare population. The seniors in my State depend on a strong and viable traditional, fee-for-service Medicare program. "Choice" seems to be a favorite theme of this Administration. In the Medicare program, right now, seniors have the choice of their individual doctor. That's what most people in West Virginia think about when they think about choice. The last thing seniors in my State need is a forced choice between the family doctor they know and trust and the prescriptions drugs they need to live. Mr. Secretary, what happens under the Administration's current deregulation scheme, to the poorest and sickest seniors in West Virginia who are left in a Fee-For-Service Medicare plan, without drug coverage, facing skyrocketing premiums, and with no HMOs or private health plans coming to their rescue?

Answer. Senator, President Bush is not about to let that happen, and the Framework to Modernize and Improve Medicare takes steps to ensure that all Medicare beneficiaries have access to an Enhanced Medicare plan with meaningful prescription drug coverage.

Enhanced Medicare will be a system of PPO-style plans that will be awarded contracts to serve entire multi-state regions. Under those contracts, the PPOs will be required to take all beneficiaries—those in the cities, as well as those in the rural areas. This structure will be fundamentally different than the county-by-county contracts you are familiar with in Medicare+Choice. This system of regional contracting has worked successfully for TRICARE in the military health system. That's why we believe that the regional PPO approach is right for Medicare.

PPOs have been a growing form of health insurance and are now the most popular type of coverage in the private market. Among individuals with employer group coverage, 52 percent are enrollees of PPOs as of 2002. Today's workers will age into

Medicare with experience with PPO coverage. Indeed, 78 percent of large employers offer a PPO option to pre-65 retirees.

So all Medicare beneficiaries will have the option of Traditional Medicare or Enhanced Medicare as described above. In addition, for those who choose to stay in Traditional Medicare, the Framework protects them from undue premium increases. Part B premiums would continue to be calculated as though current law were in effect.

MEDICARE PRESCRIPTION DRUG PROPOSAL

Question. Mr. Secretary, you have repeatedly stated that the Administration's proposal to reform Medicare is modeled after the Federal Employees Health Benefit Plan (FEHBP), which offers several different health plans for Federal employees. However, in States like West Virginia, comparing Federal employees participating in the FEHBP to Medicare beneficiaries participating in the Medicare program is like comparing "apples and oranges." The Federal employees in West Virginia are much younger, wealthier, and healthier than the Medicare beneficiaries in West Virginia. Medicare beneficiaries in West Virginia are either elderly or disabled, and tend to be heavy utilizers of costly health care services. Further, the health plans offered to Federal employees in West Virginia through the FEHBP are all concentrated in only small pockets of my State, the Northern and Eastern Panhandle regions, which are less rural. There are very few Federal health plans offered in southern West Virginia. Mr. Secretary, can you offer an explanation as to how a Medicare prescription drug proposal, modeled after the Federal Employees Health Benefit Plan, would work in West Virginia?

Answer. The difference, Senator, is in how Enhanced Medicare defines its service areas. Under Enhanced Medicare, beneficiaries could choose to receive integrated benefits and drug coverage offered through a FFS/PPO plan, like FEHBP or TRICARE. The plans would bid to serve one or more of 10 multi-state regions, and by doing so they would agree to serve the entire region, cities and rural areas alike. In addition, all beneficiaries in a region are guaranteed access to any of the three plans that are entrusted to serve the region. Beneficiaries who enroll in an average-priced plan in their region would pay a premium equal to the Part B premium in traditional Medicare. Those choosing the plan with the low-priced bid would receive most of the savings, while those choosing the high-priced bid would pay a supplemental premium. Beneficiaries would pay an additional premium for drug coverage, except for those with low incomes. New benefits in the enhanced package include a combined deductible for Part A & B services, free preventive benefits, and protection from high out-of-pocket medical costs.

In designing the framework, the President is looking toward other federal programs that have successfully brought coverage to federal workers in big city offices, to forest rangers in remote areas, and all federal workers and their dependents in between.

PRESCRIPTION DRUG COST

Question. Mr. Secretary, according to an article in The Wall Street Journal on February 24, 2003, it appears that taxpayers as well as Medicaid are being significantly overcharged for prescription medications by certain pharmaceutical companies. The article states that "despite a 1990 law requiring drug makers to report to Medicaid the lowest prices they charge anyone, some big pharmaceutical companies simply aren't doing so." The result is taxpayers and Medicaid are paying more than their fair share for prescription drugs. Mr. Secretary, I find this matter deeply troubling and wonder why the Administration has chosen to ignore this glaring loophole in the law in its current Medicaid proposal?

Answer. This administration has by no means ignored the complications surrounding prescription drug pricing. In fact, the President's budget proposes to work to work with congress to improve the Medicaid drug rebate system. There are many means by which we can generate program savings. We look forward to working with you to determine the course of action that will best address the concerns of the American taxpayer.

MEDICAID PROPOSAL

Question. Mr. Secretary, I am concerned that the Administration may be trying to take advantage of the current fiscal crisis facing States in order to sneak out of the Federal government's financial obligations to the poor and disabled and to cap what is now a guarantee of specific health benefits. The Administration's Medicaid proposal would essentially eliminate the federal guarantee of certain health benefits for a significant portion of the Medicaid population. Why is the Administration dis-

mantling this health care safety net at a time when many Americans are vulnerable from the struggling economy and rising health care costs?

Answer. The Administration has proposed State Health Care Partnership Allotments to deal directly with the problems of coverage being eliminated due to constrained State budgets. States can currently eliminate coverage for non-mandatory populations and many states have already made cuts. We are not eliminating any guarantees that currently exist.

The Medicaid reform package gives States alternatives to merely cutting the rolls. Instead of solving budgetary dilemmas by cutting whole populations, the allotment model would allow States to strategically construct services in ways that most ably address the specific needs of their unique Medicaid and SCHIP populations.

Once again let me stress, mandatory services for mandatory populations will not be affected by the reform package. We are not allowing States to cut any populations they can't already cut through State Plan Amendments. We hope that we have given States a more humane alternative to eliminating benefits for needy Americans.

SCIENTIFIC ADVISORY COMMITTEE

Question. Mr. Secretary, I found it extremely disturbing to read on the front page of The Washington Post last Fall that the Bush Administration has been quietly overhauling the 250 scientific advisory committees that guide the Department of Health and Human Services (HHS) on a wide range of health issues. I am concerned that the Presidents message to scientific advisory committees within his Administration reads: either you're with us or you're against us. While the Administration talks about supporting programs that are shown by science to be effective, at the same time, the Administration is reshuffling the independent panels and stacking them with handpicked, partisan choices. Mr. Secretary, why should the general public have any confidence in the recommendations of these advisory panels when their independence and objectivity appear to have been compromised?

Answer. There are over 250 Secretarial Advisory Committees at the Department of Health and Human Services. By Congressional charge the Office of the Secretary is responsible for making appointments to these committees. Vacancies on these committees occur regularly for a variety of reasons including resignations and expiring terms. We are also charged with maintaining the charters of these committees and from time to time we must update charters as they also expire. As a result, we will make hundred of appointments in the course of any year and update several charters in the same time frame.

Let me assure you that this Department fully supports and understands the need to select members for scientific advisory committees who are the best suited to promote health in our nation. Under the General Services Administration manual's chapter on Advisory Committee Management, we are required to adhere to certain policies. For example, we must ensure that the nomination, selection, and appointment process results in selections that are balanced in terms of views represented. I am confident that we have in place procedures to ensure that we select members who are not only experts, but whom we believe will provide objective assessments on important scientific matters without prejudice or prejudgment.

SUBCOMMITTEE RECESS

Senator SPECTER. Thank you all very much. The subcommittee will stand in recess to reconvene at 9:30 a.m., Thursday, March 27, in room SD–192. At that time we will hear testimony from the Honorable Roderick Paige, Secretary, Department of Education.

[Whereupon, at 10:27 a.m., Wednesday, March 19, the subcommittee was recessed, to reconvene at 9:30 a.m., Thursday, March 27.]